

# THE TRI-COUNTY 911 SERVICE COORDINATION PROGRAM

**PRESENTED BY:  
ALISON GOLDSTEIN, LCSW  
PROJECT LEAD**

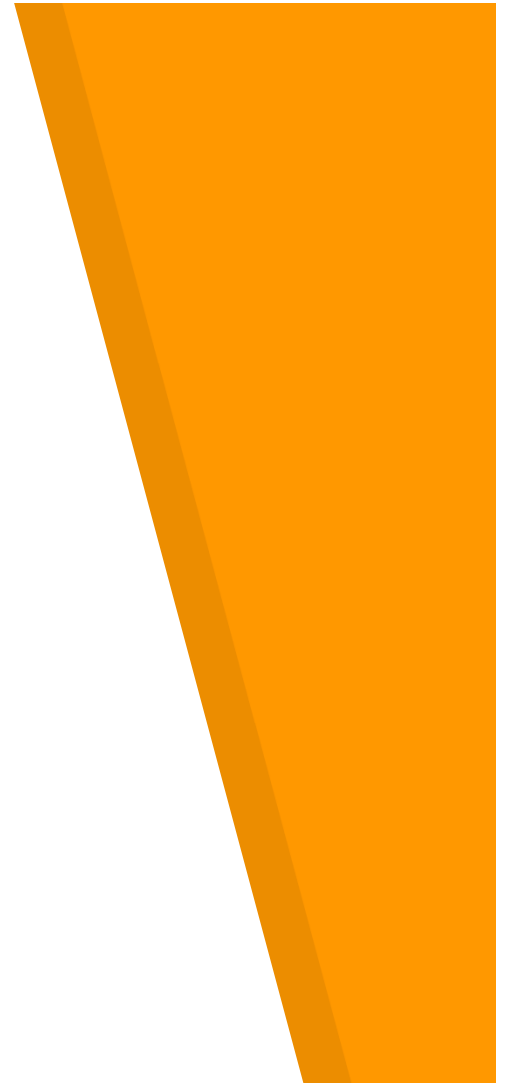


# OUTLINE

- ▷ Program history
- ▷ Current state
- ▷ Client served
- ▷ Intervention goals and approach
- ▷ Evaluation results and cost savings
- ▷ Q&A

“Changes call for innovation,  
and innovation leads to  
progress.”

- Li Keqiang



# TC911 **CURRENT STATE**



- ▶ **Staff:** 7 SWRs, Admin Support, and Interns
- ▶ **Service area:** Clackamas, Multnomah, Washington counties
- ▶ **Population:** People having frequent contact with fire and ambulance (6-10 times in the previous six months)
- ▶ **Referrals:** Monthly ambulance data and direct crew referrals
- ▶ **Funding:**
  - ▶ 82% CCO contracts to serve specific # of members
  - ▶ 18% County General Funds





# COMMUNITY-BASED

More than 60% of staff time spent in the field



**ANNUAL# EMS  
RESPONSES**  
~150,000

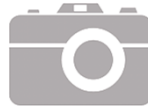
**TC911 GOALS:**  
**REDUCE THE  
DEMANDS ON  
EMS BY LINKING  
PEOPLE TO THE  
RIGHT CARE, AT  
RIGHT PLACE  
AND TIME.**

PROVIDER  
CONSULTATION

MULTI-SYSTEM  
CARE  
COORDINATION

INTENSIVE  
CASE  
MANAGEMENT

# SNAPSHOT



2013-2017

- ▶ 1600+ unduplicated people referred
- ▶ 800+ served

TC911 clients have **more disease** and **higher utilization** than the general adult Medicaid member, avging:

- ▶ **40x** higher rates of **ED and inpatient visits**
- ▶ **13x** greater costs (\$57,672 PMPY)

TC911 Client Health Care Profile

	TC911 N=337	Typical Medicaid
Avg. EMS calls per month	1.8	N/A
Avg. ED visits per month	2.3	0.05
Avg. inpatient visits/month	.33	0.008
Avg. PCP visits/month	1.15	0.31
Avg. total expenditures per member/month	\$4806	\$360
Dual diagnosis (1+ physical health & 1 mental health)	64%	7%

Source: TC911 CORE Evaluation, 2016

# OUR CLIENTS



FY 2016 – 2017  
n=478

## HEALTH AND SOCIAL ISSUES

3 of 4 have a physical health dx

3 of 4 have a MH dx

1 in 3 are unstably housed/homeless

1 in 2 are using substances

## INSURANCE

81% are Medicaid enrolled/eligible

7% are uninsured and 12% have a 3rd party payor

## OTHER DEMOGRAPHICS

COUNTY: 59% Multnomah, 23% Washington, 18% Clackamas

AGE: Most between 40-69 y.o. (64%). 22% under 39. 14% over 70 yrs.

GENDER: Slightly more males. 1% Trans/GQ.

RACE: 64% Non-Hispanic/White. 16% People of Color. 20% UNK.



# TC911 CLIENT: “COUNTRY”

## BEFORE:

- ▶ High EMS and ED use in Multnomah (see table) for 3 years
- ▶ Unstable housing, ETOH use, intermittent service engagement
- ▶ Dx: CHF, cirrhosis, COPD, major depression/PTSD
- ▶ Client and bystander calls (pain, ETOH)
- ▶ Referred June 2014; TC911 hook was help with SSI

## AFTER:

- ▶ Approved for SNF or 80+ hours of in-home care.
- ▶ SS Income
- ▶ Engaged with PCP, MH/ICM, and other services
- ▶ Reduced A&D use; periods of relapse & abstinence

Year	# EMS
2012	65
2013	75
2014	67
2015	5
2016	11
2017	7



*“I’d be dead if it weren’t for you.”*



## INTERVENTION DETAILS

Analysis of 480 TC911 client

**Referral**

**Provider Notification/  
Consultation**

Average: 18 days and 1.25 hours.  
Max: 11 hours

**Initial Assessment**

**Outreach**

Average: 13 days; 1.5 hours  
Max: 4.25 hours

**Waitlist**

Average: 76 days  
80pp

**Care Coordination**

Average: 101 days; 13.5 hours  
Max: 541 days, 187 hours

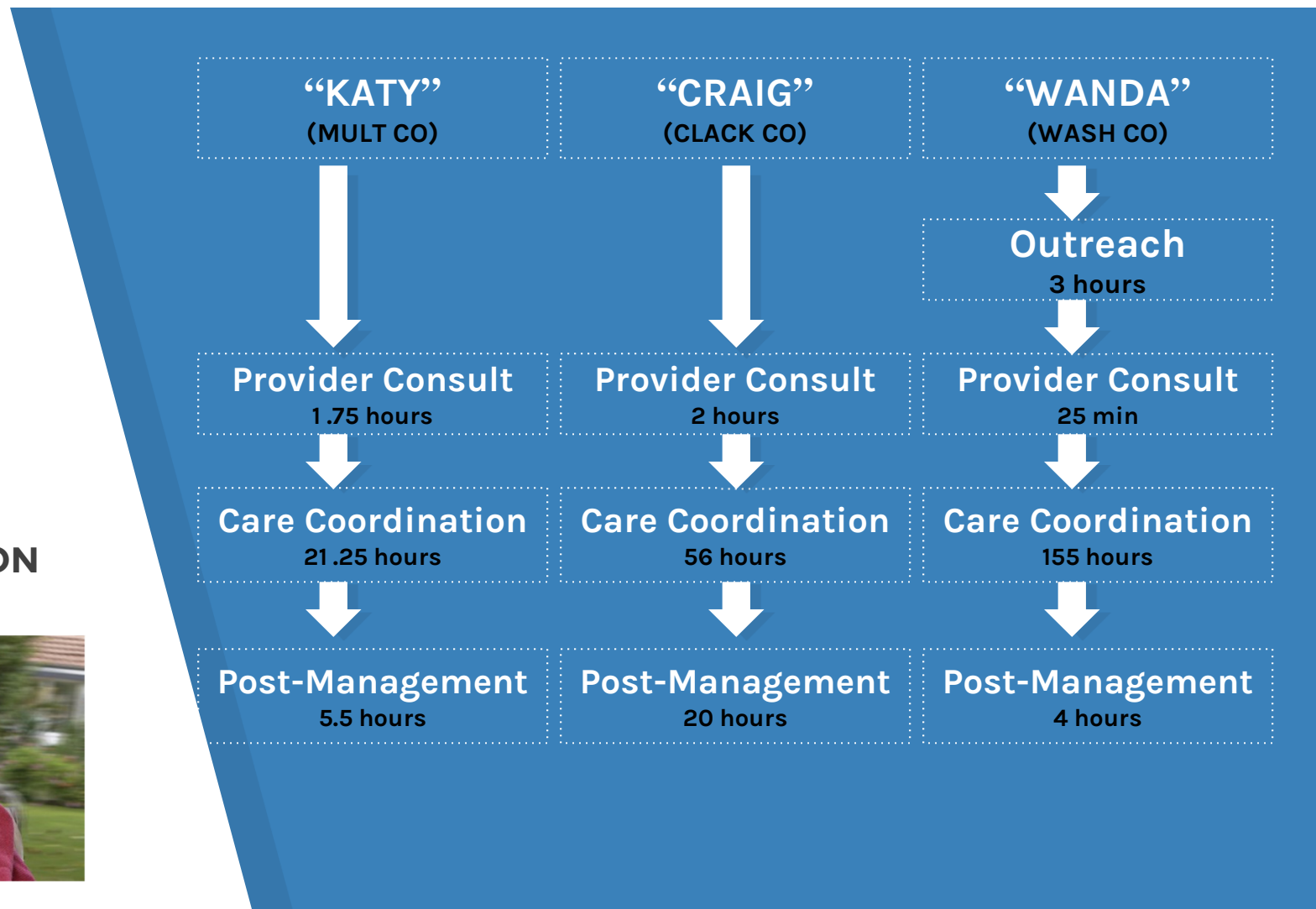
**Case Assignment**

**Intensive Case Management**

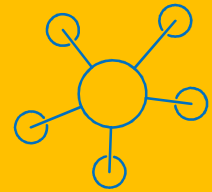
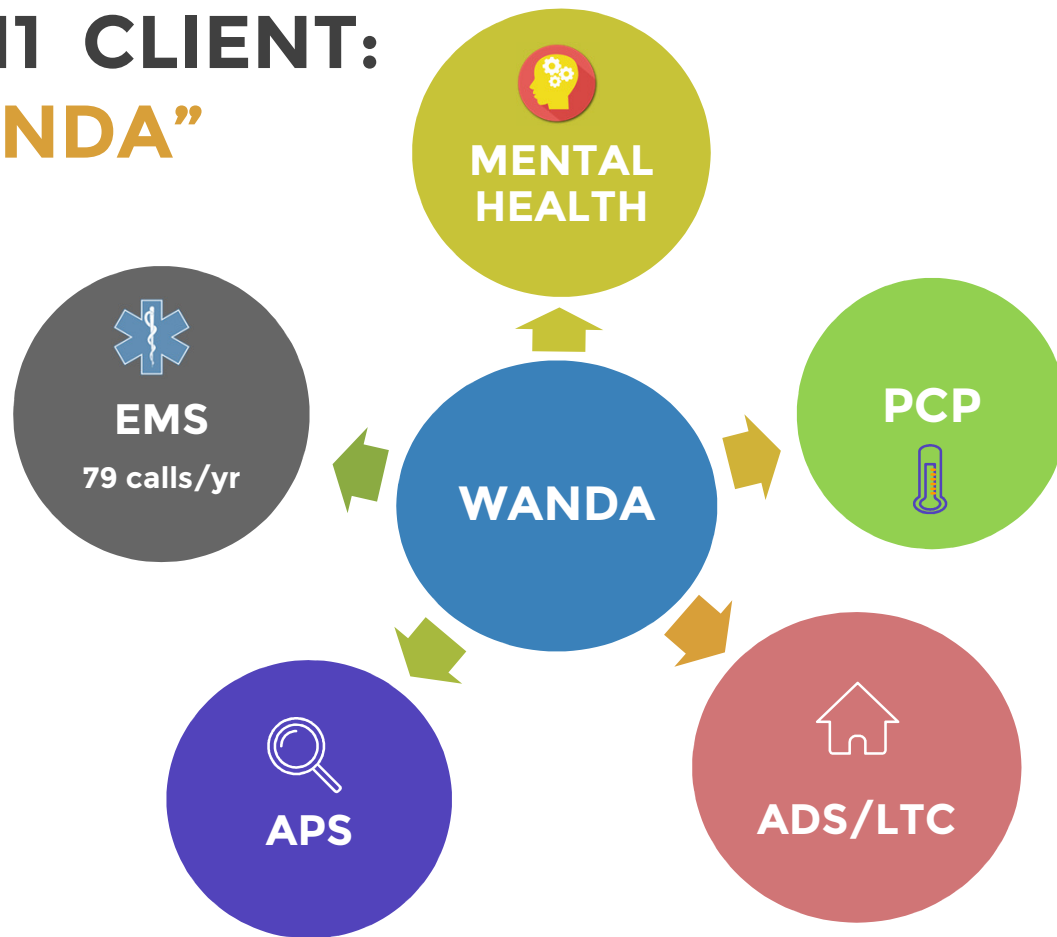
Average: 141 days; 38.5 hours  
Max: 347 days, 154 hrs



## REAL CASE INTERVENTION DETAILS



## TC911 CLIENT: “WANDA”





# INTERVENTION HIGHLIGHTS

- ▶ Use technology for real time notifications and communication across systems (PreManage, Epic)
- ▶ Short term, client-centered, and outreach-based.
- ▶ Bridge to and across, pre-hospital, hospital, health plan, and medical, BH, social service systems.
- ▶ Connect to non-emergency services (e.g. PCP, MH, addictions treatment, long term care).
- ▶ Clarify roles and expectations to minimize duplication and redundancy.
- ▶ Develop system-wide EMS –level care plans as needed.



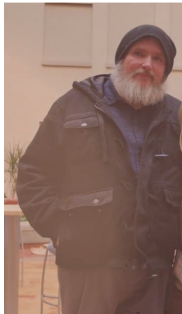


# VALUE NOT CAPTURED

- ▶ Getting people the right care, right place
- ▶ Improved patient quality of life
- ▶ Increased provider support
- ▶ Increased community stabilization
- ▶ Reduced burden on public safety nets
- ▶ Regional standards of EMS care
- ▶ Lives saved



**CHECK OUT OUR TC911 VIDEO**



**TC911 CONTACTS AND INFO:**

Alison Goldstein at [alison.j.goldstein@multco.us](mailto:alison.j.goldstein@multco.us)

<https://multco.us/file/tri-county-911-service-coordination-program>