In January 2016, CIBHS is convening the Care Coordination Learning Collaborative (CCLC), a Breakthrough Series Learning Collaborative aimed at improving the overall health of individuals who have serious mental health disorders through care coordination among primary care and specialty providers.

CCLC, CIBHS’s fourth care integration/coordination focused collaborative, will bring together behavioral health providers to develop processes to coordinate care across providers and provide services from a whole health perspective. Agencies will build their internal infrastructure to enable coordination with other providers while also developing linkages with partners to deliver an integrated experience of care. CCLC participants will test and implement changes to:

- Gather and share information about shared patients/clients
- Team up on care, including conducting regular multidisciplinary team meetings and consultation among individual providers
- Develop and use shared problem lists or care plans
- Reconcile medication and other interventions
- Support patient self-management and healthy lifestyles
- Improve access to care for people with unmet needs and populations experiencing health disparities.

**CCLC Project Aim**
Over a period of 15 months, behavioral health providers will design new service delivery systems and redesign existing systems to provide coordinated behavioral, medical, and social services to improve the health status of individuals who have complex, co-occurring conditions. Agencies will build a seamless experience of care that is person-centered, cost effective, and results in reduced health disparities and improved health and wellness.

**BENEFITS FOR TEAMS**

1. Enhanced care coordination capacity:
   - core component of federal Certified Community Behavioral Health Clinic certification requirements
   - core domain of the State’s proposal for the Public Safety Net Transformation and Improvement Program in Medical 2020 Medicaid waiver
   - critical element of the Drug Medical Organized Delivery System pilot
2. Experience with the *Model for Improvement* which provides a process to improve the quality of care at an accelerated pace
3. Access to a diverse group of faculty with expertise in care coordination
4. Structured support to align improvement efforts with EQRO required Performance Improvement Projects (PIPs)

**EXPECTATIONS OF TEAMS**

1. Senior leader participation in monthly leadership calls and attendance at learning sessions
2. Small scale tests of change followed by implementation and system-wide spread of those changes that work
3. Monthly reporting, qualitative and quantitative, that documents the learning and improvement
4. Attendance at all Learning Sessions (total of 5 over the course of 16 months) and participation in twice-monthly team calls
5. Inclusion of direct service staff, peers, and family members on teams
What is a Collaborative?

A Collaborative is a systematic approach based on the Institute for Healthcare Improvement Breakthrough Series Collaborative model. During the Collaborative, organizations and providers will test and measure practice innovations, then share their experiences in an effort to accelerate learning and widespread implementation of best practices.

Teams from participating organizations will attend five learning sessions, each followed by a 2-3 month action period. During the learning sessions, participants are provided with instruction in theory and practice for implementing changes that will lead to achieving the collaborative aim. At each session, teams report on activities, methods, and results surrounding improvement efforts. During the action periods, participants work hard to make their changes a reality. Action periods are supplemented with email communications, monthly progress reports, and web conferences.

CCLC uses an improvement model developed by Associates in Process Improvement that has been tested and used in many Collaboratives. The Improvement Model consists of three fundamental questions, and a Plan-Do-Study-Act cycle to test and implement changes in real work settings:

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