INNOVATION PLAN APPROVAL SUMMARY
Lassen County Innovation

Name of Innovative Program: Integration with Primary Care via Virtual Coordinated Care Team
Total Requested for Innovative Program: $737,000
Duration of Innovative Program: 4 Years
Staff Recommends: APPROVAL

Review History
County Submitted Innovation (INN) Plan: March 25, 2015

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) vote on INN Program: May 28, 2015

Innovative Program Summary

Lassen County is seeking MHSOAC approval for the following INN program: Integration with Primary Care via Virtual Coordinated Care Team. The County proposes to develop, pilot, and evaluate a new approach in their rural environment to integrating physical and behavioral healthcare for individuals with severe mental illness. The overall goal is to improve and ease access to care for individuals with serious and persistent mental illness and co-occurring physical and/or substance-uses disorders through warm linkage and care coordination. The County also expects fiscal benefits, such as through reduced hospitalization and emergency room visits.

Lassen County’s INN program will adapt telecommunication tools to incorporate a Virtual Coordinated Care Team into community-based sites (e.g., physical health care, mental health care clinics, substance-use services) to facilitate communication among providers and to improve client outcomes. The team will consist of a nurse, case manager, counselor, therapist, psychiatrist, and consumer and family natural supports. Team members will provide consultation and coordinate physical health and mental health care between systems by doing the following:
- Develop protocols to integrate mental health services, alcohol and other drug treatment, and physical healthcare to promote recovery and wellness;
- Provide specialty consultation to clinic staff and assist in treatment planning;
• Coordinate medications;
• Act as referral agents, as needed;
• Encourage broader interaction among an expanded treatment team.

An important element of the program is planned implementation of a Grand Care Electronic System in consumers’ homes to provide reminders about medications, interactive assessments, support to manage chronic conditions, and generally to help people maintain their wellness and recovery and to get needed support and consultation without the need to travel.

The virtual team is expected to 1) foster collaboration and integration among systems and community supports, and 2) support client navigation and access to consumer-centered, holistic treatment that promotes recovery and wellness.

**Evaluation:**

The learning goal of this project is to assess whether and how a telecommunication-based coordinated care team improves physical and mental health outcomes for individuals with serious mental illness. The evaluation will assess both system and client outcomes. Example of system outcomes to be assessed include:

- Care is planned, facilitated, coordinated, and accessible to clients;
- Referral networks are established, updated, and utilized, with increases in cross-system referrals;
- Services are timely;
- Services are culturally competent;
- Team members increase their understanding of mental illness, substance abuse, and chronic physical health issues; and,
- Coordinated services by multiple providers are accessible to clients.

Examples of client-level outcomes include:

- Emergency room visits are reduced;
- Clients’ need for and utilization of crisis care decreases;
- Clients adhere to treatment plan and meet treatment goals; and,
- Clients achieve mental health outcomes and recovery goals.

Clients, family members, and providers will be involved in the design and implementation of the INN program’s evaluation. The County will conduct quarterly assessments, including tracking the number of clients served to ensure that sufficient clients are being followed by the Virtual Coordinated Care Team. The project will be reviewed annually to assess any needed program adjustments. A final comprehensive assessment will evaluate outcomes and also will assess key dimensions of the program that contributed to successful outcomes. The County will present evaluation results to community stakeholders and will create a guide for replicating the program, if indicated.