

CRRRA Workplan 2017-2018

HCO:		Date Submitted to Dr. Pomerance @IEHP:	
Date Completed:	Name:	Contact Email:	Contact Phone:
BHICCI Team Contact:			
BHICCI Executive Leader:			
BHICCI Practice Coach(s):			

CRRRA Element	Assessment	How will you get to performing/sustaining? <i>(Include Action Area(s), Target Date and Person Responsible in the Improvement Plan)</i>	How will we know the change is implemented? <i>(Include Documentation/Data and Progress)</i>	Date change implemented:
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DOMAIN:1 – Engaging Leaders

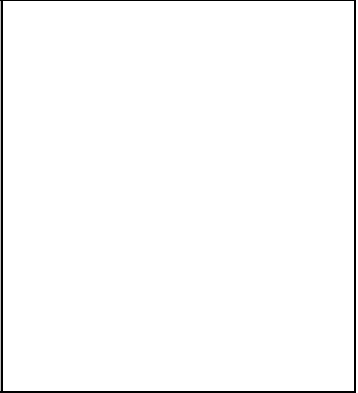
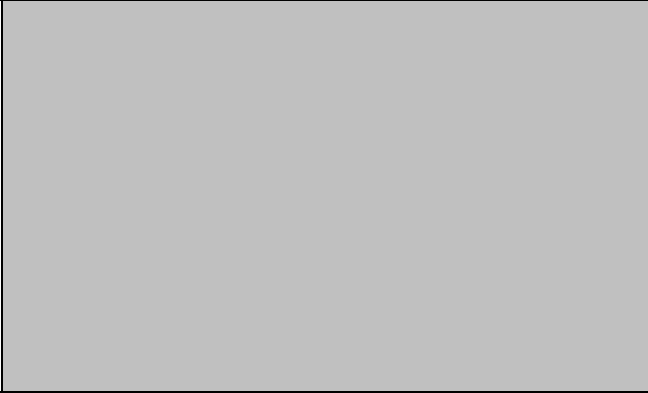
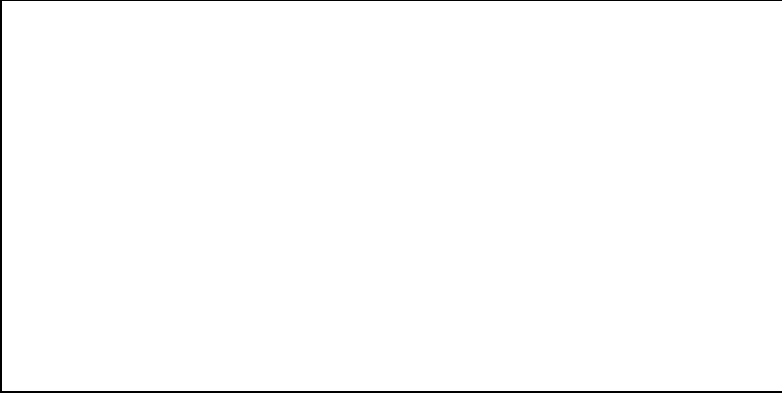
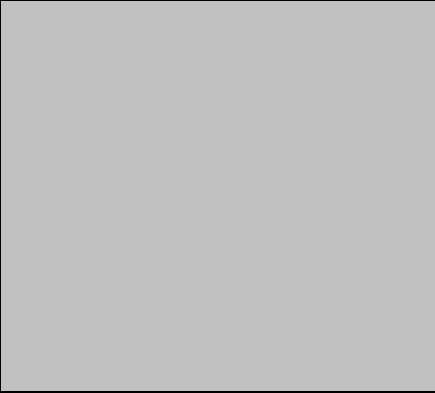
<p>Description: Leaders actively support BHICCI through timely recruitment and hiring of team members, access to adequate physical space and operational resources, and integration of team into clinic culture.</p>				
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DOMAIN: 2-Engage Teams and Partner with Client/Patients

<p>Description: Team and patient EXP surveys are consistently completed, and survey data is incorporated into goal setting sessions where SMART goals are set to positively impact team and patient EXP.</p>				
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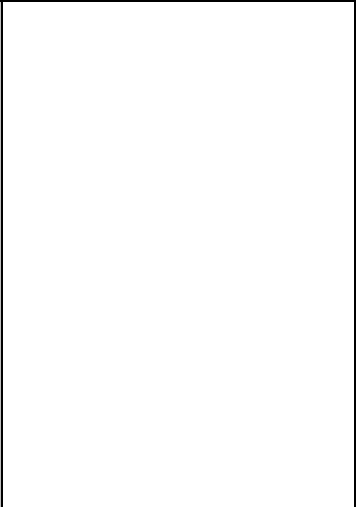
DOMAIN: 5 – Adopt a Quality Improvement (QI) Method

Description: The team consistently uses QI methods, including PDSAs, to test, implement, and spread integrated complex care management practice changes.



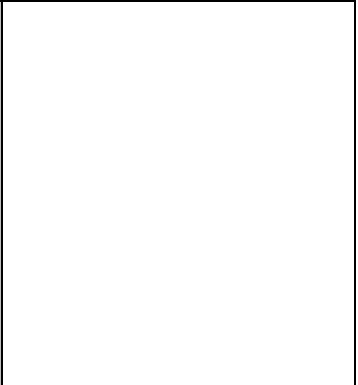
DOMAIN: 6 – Identify, Engage, and Maintain the Target Population (TP)

Description: The TP is appropriately defined to include individuals with BH and medical conditions who would benefit from complex care, outreach and engagement activities are conducted, and the team monitors the population to ensure appropriate step down and transitions.



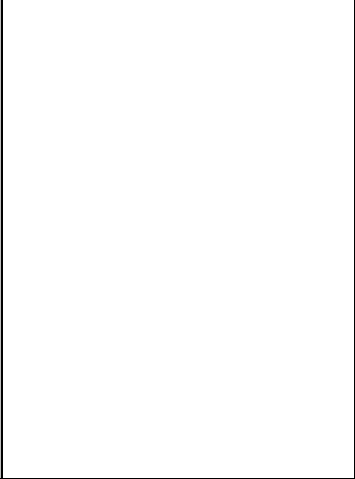
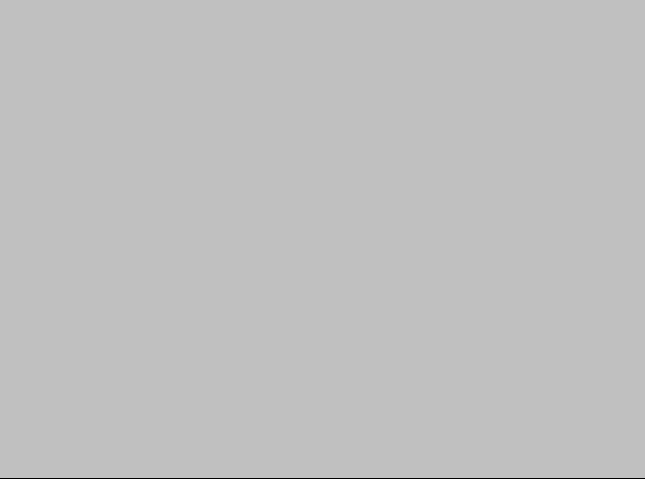
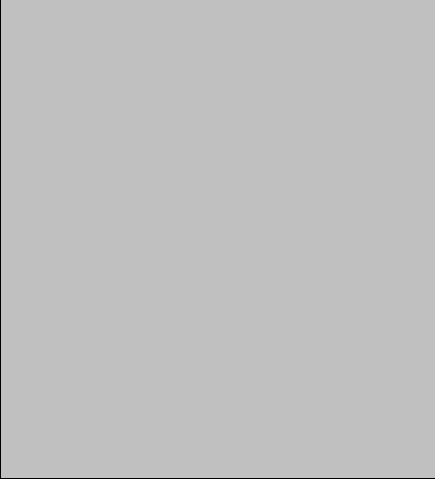
DOMAIN: 7 – Build Multidisciplinary Complex Care Team

Description: The multidisciplinary care team effectively works together to provide patient-centered, team-based care.



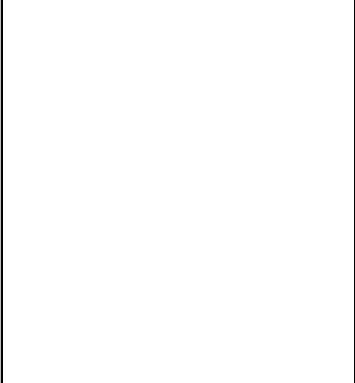
DOMAIN: 8 – Integrate Behavioral Health Services with Complex Care

Description: The BH clinician(s) within the team provide evidence-based treatment for mental health and substance use disorders.



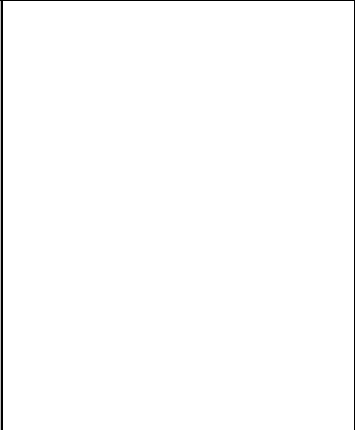
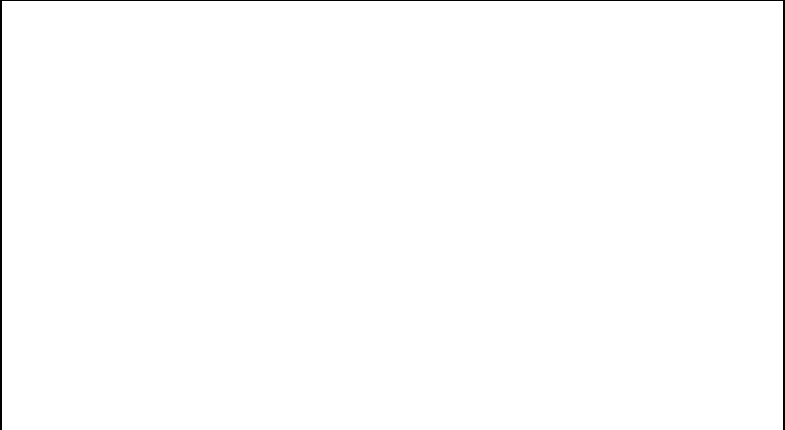
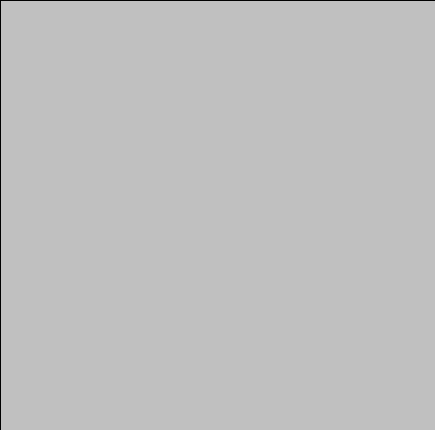
DOMAIN: 9 – Offer Integrated Complex Care Management

Description: All team members support patient development of self-management skills.



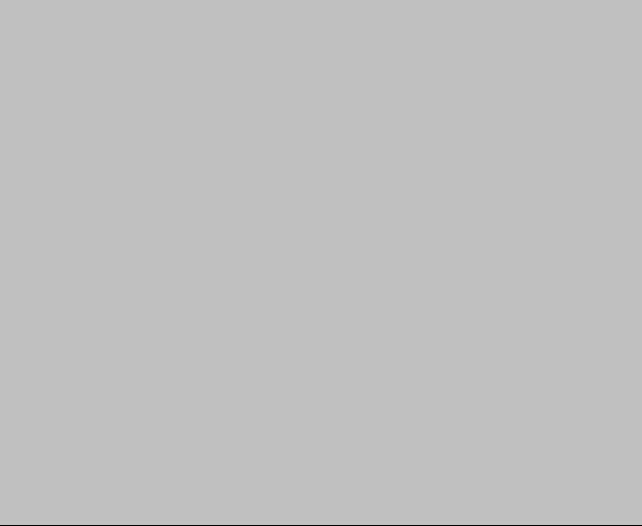
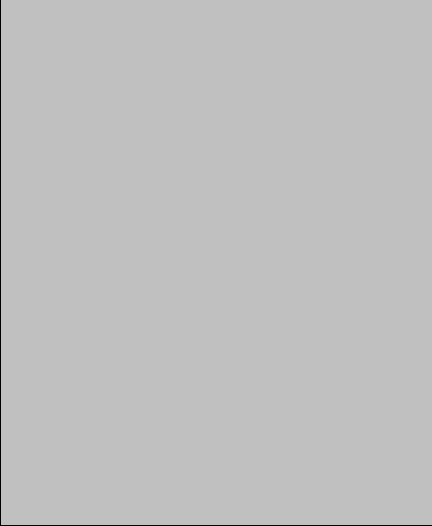
DOMAIN: 9 – Offer Integrated Complex Care Management

Description: Team members coordinate care, facilitate timely and effective communication with providers, and ensure tracking and completion of referrals.



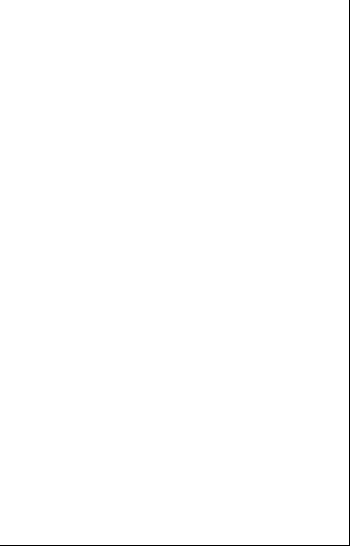
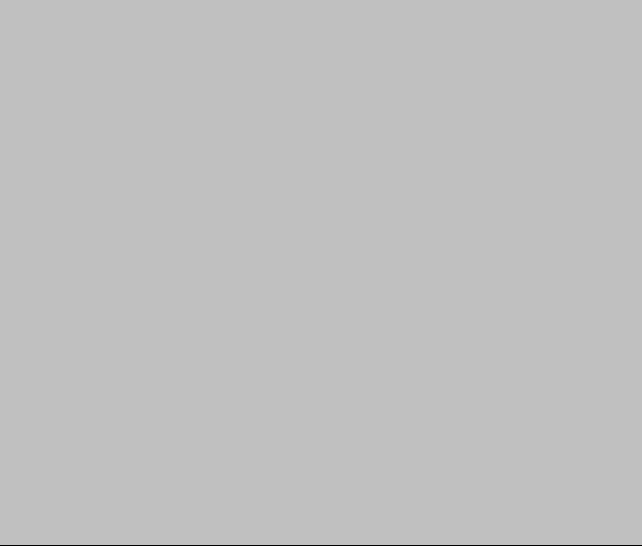
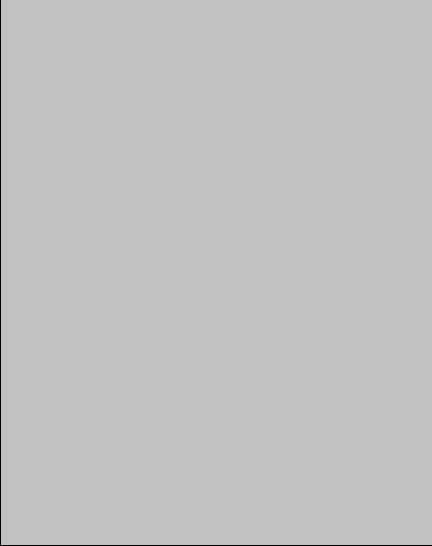
DOMAIN: 9 – Offer Integrated Complex Care Management

Description: Shared decision-making guides care, and it is reflected in shared care plans.



DOMAIN: 9 – Offer Integrated Complex Care Management

Description: Team members use a registry to facilitate Measurement-based Care (MBC) by monitoring clinical outcomes obtained through the regular use of standardized measures, and they integrate clinical outcomes in patient care and population management.



DOMAIN: 9 – Offer Integrated Complex Care Management

Description: Team regularly conducts Systematic Caseload Reviews (SCRs) to provide frequent updates and changes in management for a defined population.

