# Care Coordination at West Michigan Community Mental Health

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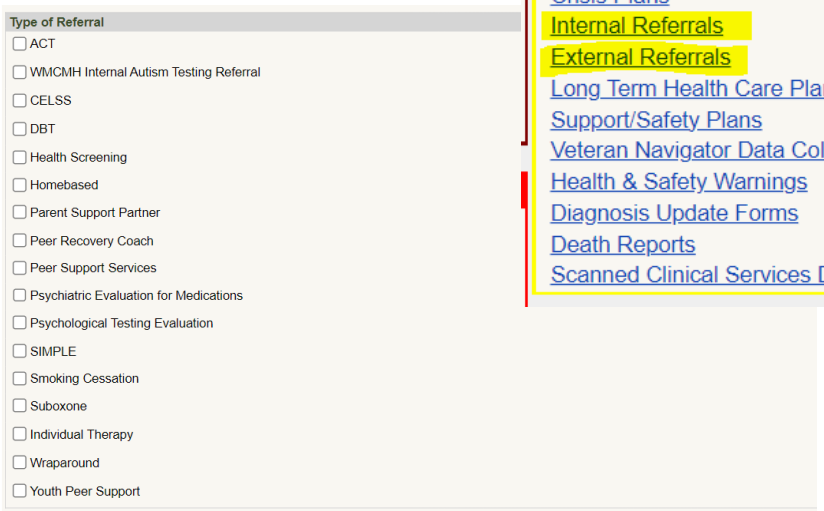
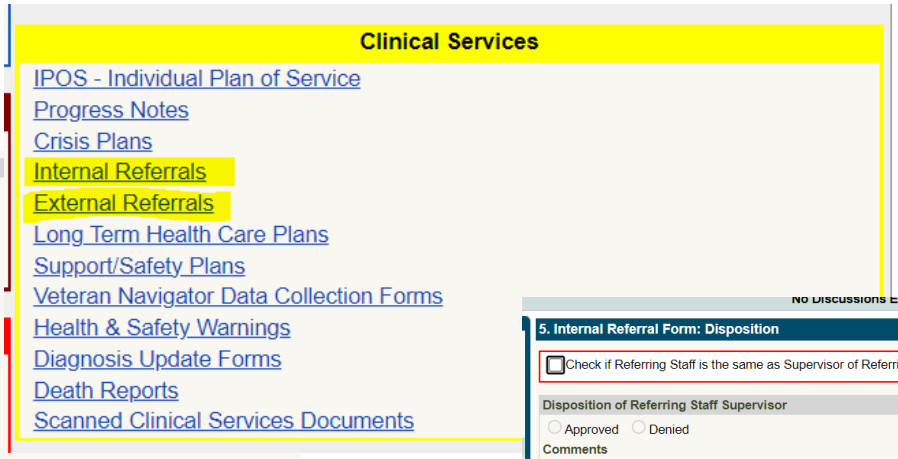
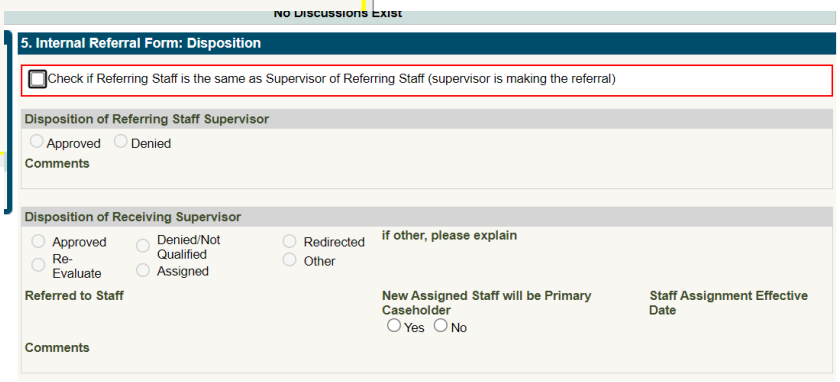
# Care Coordination Internally

- Internal Referral Process in our EMR
  - Records the referral cleanly in the consumer record
  - Allows for identified coordination between teams
  - Allows for data tracking and data driven quality outcome measures
  - Can be utilized across many internal services
    - Psychiatric Services
    - Individual Therapy
    - Community Employment Living Skills Services
    - Peer Support Services
    - Psychological Testing Services
    - Any other services outside of the primary case holder.

# A Sample of Internal Referral



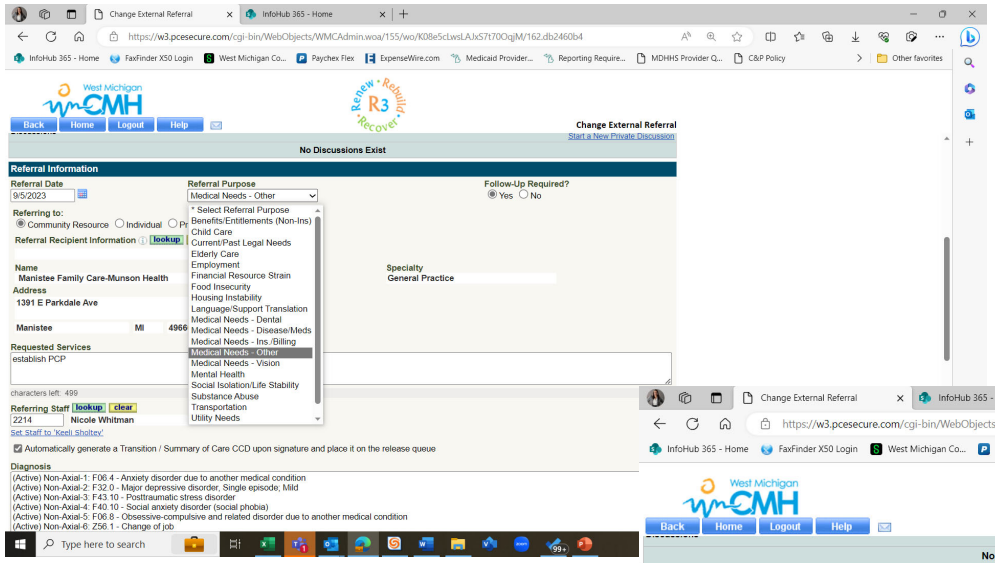



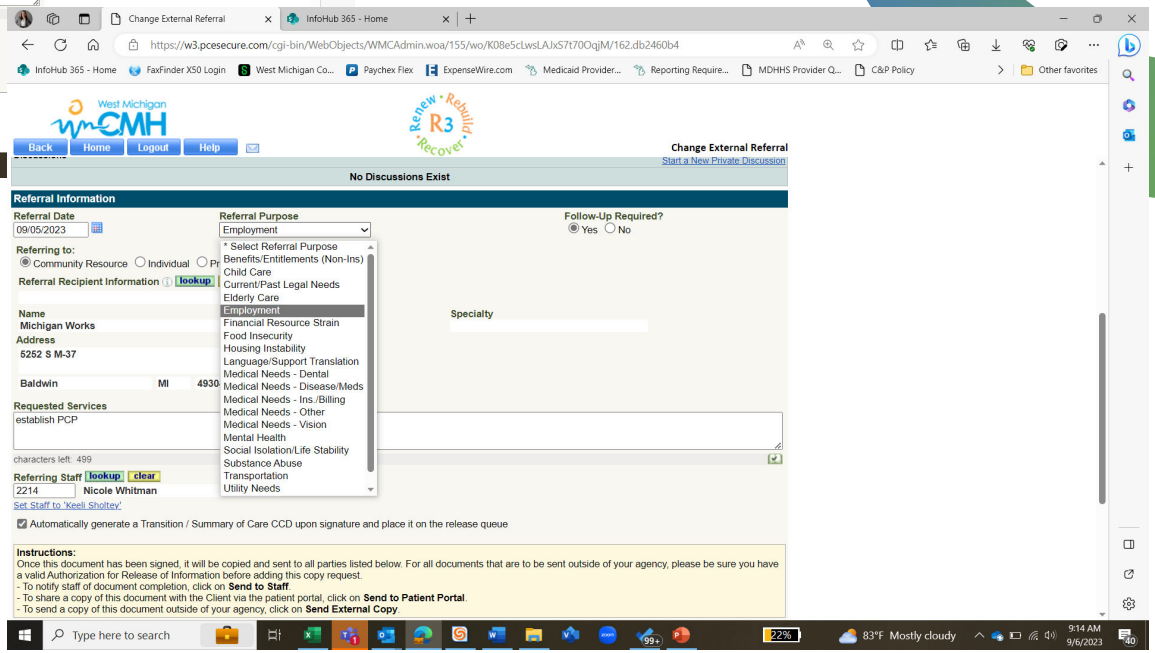



# Care Coordination Externally

- External Referral Process in our EMR
  - Records the referral cleanly in the consumer record
  - Allows for identified coordination between teams
  - Allows for data tracking and data driven quality outcome measures
  - Can be utilized across many external services
    - Primary Care Physician
    - Specialist
    - Transportation
    - Housing
    - Courts
    - Schools

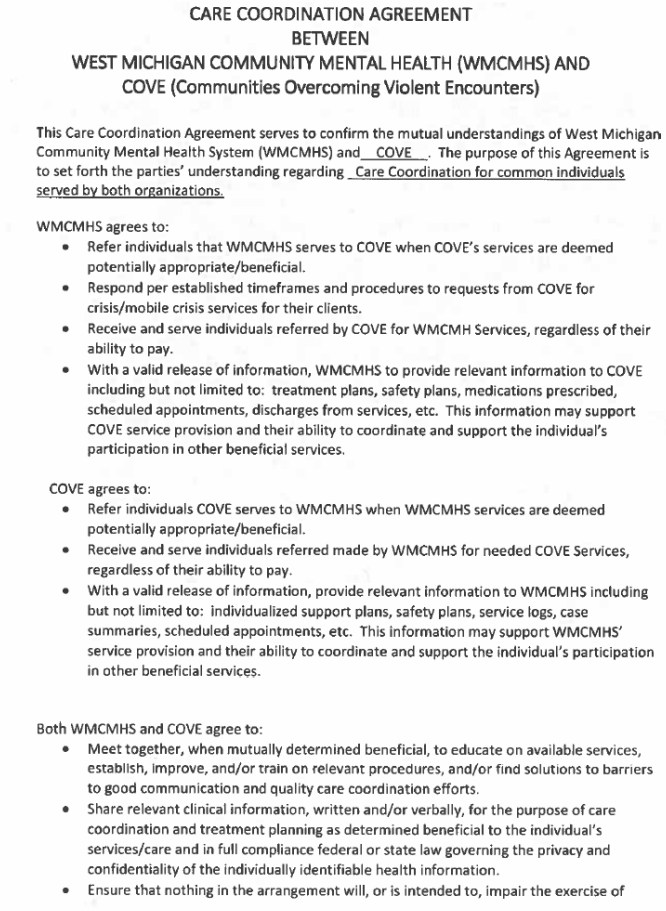
# EMR Sampl f External Ref al



# Care Coordination Agreements

- Entering into meaningful and simple care coordination agreements with community partner
  - Example COVE (Communities Overcoming Violent Encounters)
    - The WMCMH/COVE Care Coordination Agreement Partnership
    - What's in the Care Coordination Agreement?
    - What does COVE do? How many of COVE's clients are also CMH consumers?
    - What coordination can CMH do to be helpful for COVE Staff and the client?
    - What coordination can COVE do to be helpful for CMH Staff and the client?



CARE COORDINATION AGREEMENT
BETWEEN
WEST MICHIGAN COMMUNITY MENTAL HEALTH (WMCMHS) AND
COVE (Communities Overcoming Violent Encounters)

This Care Coordination Agreement serves to confirm the mutual understandings of West Michigan Community Mental Health System (WMCMHS) and COVE . The purpose of this Agreement is to set forth the parties' understanding regarding Care Coordination for common individuals served by both organizations.

WMCMHS agrees to:

- Refer individuals that WMCMHS serves to COVE when COVE's services are deemed potentially appropriate/beneficial.
- Respond per established timeframes and procedures to requests from COVE for crisis/mobile crisis services for their clients.
- Receive and serve individuals referred by COVE for WMCMH Services, regardless of their ability to pay.
- With a valid release of information, WMCMHS to provide relevant information to COVE including but not limited to: treatment plans, safety plans, medications prescribed, scheduled appointments, discharges from services, etc. This information may support COVE service provision and their ability to coordinate and support the individual's participation in other beneficial services.

COVE agrees to:

- Refer individuals COVE serves to WMCMHS when WMCMHS services are deemed potentially appropriate/beneficial.
- Receive and serve individuals referred made by WMCMHS for needed COVE Services, regardless of their ability to pay.
- With a valid release of information, provide relevant information to WMCMHS including but not limited to: individualized support plans, safety plans, service logs, case summaries, scheduled appointments, etc. This information may support WMCMHS' service provision and their ability to coordinate and support the individual's participation in other beneficial services.

Both WMCMHS and COVE agree to:

- Meet together, when mutually determined beneficial, to educate on available services, establish, improve, and/or train on relevant procedures, and/or find solutions to barriers to good communication and quality care coordination efforts.
- Share relevant clinical information, written and/or verbally, for the purpose of care coordination and treatment planning as determined beneficial to the individual's services/care and in full compliance federal or state law governing the privacy and confidentiality of the individually identifiable health information.
- Ensure that nothing in the arrangement will, or is intended to, impair the exercise of

# Additional Care Coordination Practices

- Representation at community meetings between community partners
    - DDHS/Schools/Juvenile Probation (Monthly Meeting in Each County for coordination)
    - SUD Prevention Collaborative in Each County
    - Inter Systems Framework (School/Health Department Grant
- Using HIT (Health Information Technology) to guide practice/follow up
    - VIPR
    - CC360
- Embedding Care Coordination principles through efficient and effective communication, adaptive skills training, and supervision/mentoring.
    - Integrated care coordination meetings monthly between med services/teams
    - Case review/case consult in several internal meetings, with our clinical oversight committee, and regional partners
    - Ongoing training/supervision discussions
    - PDCA of care coordination work and processes.
    - Strategic goal planning surrounding embedded care coordination outcomes.

# Contact Information

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