Network Care Coordination Worksheet

1. Target Population
Children and families that are having a hard time accessing Mental Health, Health care

2. Assessment tool(s)
- Ages and stages questionnaire
- Pediatric Symptom Checklist
- The child depression inventory
- PHQ-9 and GAD-7 for adult screening or adult teenagers

1a. Is it specific enough? Further refine if needed?
No, need to narrow it down more

1b. How will the target population be identified?
- Developed a specific referral mechanism
- Try to clarify the needs
- Some telephone calls

2a. Is one needed?
Yes

2b. What is the type or how will it be used?
Used to develop the care plan

1c. How will communication occur with the person?
Telephone and in person

2c. How will results be communicated? Store it?
The care coordinator is usually the one doing the screening.

1d. **How will technology be used to perform these functions?**

2d. How will technology be used to perform these functions?
All the screening are done with pen and paper. Hopefully in the future it will be done electronically

3. Care Plan
- Model is very family and is specific to that family.
- Try to include strengths and resources that the family has currently available to them
- We cannot force parent to do something they do not want to so try to focus on small goals and grow from there

4. Interdisciplinary Care Team
- Any service provider that is involve in that families services.
- Constant is a primary care physician/school/sometimes mental health provider/early childhood intervention/Care coordination.
- Very specific to each family

3a. What approach to developing is being taken?
Family driven and patient centered

3b. What is included (components of)?
Interventions
Family strengths are incorporated

4a. Who is the coordinator?
Need at least a bachelor's degree so they can bill for Medicaid. Bachelors in psychology or education is preferred.

4b. What provider or partners are part of the care team?
Dependent on the client

3c. How will the care plan be communicated to the person, the care team?
- It is communicated to the family via care coordinator
- They must sign off on the care plan
- If they are under are under 12 they do not have to sign the care plan

4c. How will the care team communicate with the person, coordinator and amongst themselves?
- Biweekly team meetings and the staff is constantly on the phone with each other
- Supervised individual one on one meetings every other week
- Also meet on a need basis

3d. How will technology be used to perform these functions?
Excel spreadsheet.

4d. How will technology be used to perform these functions?
Text messages, email and phone…possibly in the future using video conferencing

5. Leadership next steps
- Community coaches
- Make the community aware of the benefits of care coordination
- Be transparent
- Challenge is to make medical providers to be a bigger part of this process.

6. Business Model?
Business Model is based on what each individual case

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