Orange County Care Coordination Collaborative For Kids

Report submitted by Help Me Grow to the Lucile Packard Foundation for Children's Health

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Project Overview

The Orange County Care Coordination Collaborative for Kids (OCC3 for Kids) is a partnership of public and private (non-profit) organizations working to improve systems of care for children with special health care needs (CSHCN). Established in 2013, their *vision is to ensure children and youth in Orange County with special health care needs achieve optimal care for health and wellbeing and to enhance the quality of life for their families.* OCC3 for Kids is made up of voluntary members including 19 key organizations involved in children's health and wellbeing in Orange County. Led by Help Me Grow Orange County, a Children's Hospital of Orange County/University of California Irvine, Early Developmental Program dedicated to improving outcomes for children birth through eight years of age, this partnership received funding from the Lucile Packard Foundation for Children's Health (LPFCH) to improve care coordination for CSHCN. OCC3 for Kids vision is *optimizing and strengthening care coordination among providers and systems of care.* For this 18-month grant period and funding, three goals were identified, which remain relevant and pertinent to their work. The goals are:

> **Overarching Goal:** To improve overall care for children with special health care needs (CSHCN) by creating a collaborative care coordination system in Orange County.
>
> **Goal 1:** Strengthen communication and collaboration among agencies providing services to CSHCN.
>
> **Goal 2:** Implement system level care coordination in Orange County for CSHCN
>
> **Goal 3:** Ensure the OCC3 for Kids and System Level Care Coordination continue beyond the LPFCH grant funds.

An initial evaluation was conducted at the conclusion of Phase 1 of the project focusing on the systemic issues impacting CSHCN identified by the collaborative as well as process outcomes measuring factors of creating a successful collaborative. The evaluation presented below focuses on activities conducted during Phase 2 of the project which includes further refinement of systemic issues impacting CSHCN as well as efforts of the collaborative to address these issues.

Evaluation Overview

The evaluation focused on systemic changes identified during Phase 2 of the project of OCC3 for Kids planning, while client/family outcomes were monitored through the System Care Coordination. Keeping in mind that the goal of the collaborative is to improve the system of care for CSHCN, the following short term and intermediate desired outcomes were developed to measure overall progress during this 18-month time period:

1. Improve communication/collaboration among agencies providing services to CSHCN;
2. Increase use of OCC3 for Kids Acuity Tool by agencies serving CSHCN to assess needs;
3. Ensure CSHCN have health insurance to access needed services;
4. Ensure families are included as part of their children's care coordination;
5. Ensure OCC3 for Kids and System Care Coordination continues with sustainable funding;
6. Promote OCC3 for Kids as an advocacy group for CSHCN recognized throughout county.

The following activities were implemented to achieve the project outcomes, with corresponding indicators to measure performance and progress:

1) System Care Coordination
    a. Trainings on Acuity Tool/Referral Process
        i. Number of trainings provided
        ii. Number of training attendees
        iii. Number of cases referred
    b. Monthly collaborative meetings including round table updates from participating agencies, case presentations and agency presentations
        i. Meeting attendance/agency participation
        ii. Number and type of agency presentations
        iii. Number of case presentations
        iv. Identification of system wide issues
        v. Increase in communication between OCC3 for Kids members
    c. Hire and maintain a System Care Coordinator (SCC) who will review cases for system level care coordination issues
        i. SCC Case Review and Consultation
            i. Number of cases reviewed; activities conducted, cases with initial referral issues resolved
            ii. Number of children with health insurance; primary care physician
        ii. Participation level of family in child's care coordination

2) Communication/Collaboration
    a. Educate community on OCC3 for Kids
        i. Develop communication plan
    b. Advocate for systemic and organizational policy changes
        i. Develop an advocacy plan

3) Dedicate leadership to administer the project
    a. Effective leadership and governance
    b. Dedicated staff and appropriate structure
    c. Additional funding secured

The table below indicates how each activity contributed to the evaluation short term and intermediate outcomes. Details of each activity are discussed in the results section below. (See Appendix A for Evaluation Plan)

Table 1

Short Term Outcomes	Activities and Strategies Used to Meet Objectives											
	System Care Coordination								Communication /Collaboration		Sustainability /Evaluation	
	Trainings on Acuity Tool/Referral Process	Map CSHCH agencies/ resources	Agency Presentations	Case Presentations	Round Table Updates	Collaborative Meetings	Identify System Issues	SCC Case Review/Consultation	Communication Tools	Advocacy Plan	Leadership Team	Secured Funding
1. Improve communication/ collaboration among agencies providing services to CSHCN	X	X	X	X	X	X	X	X	X			
2. Agencies serving CSHCN utilize OCC3 for Kids Acuity Tool to assess needs	X			X		X		X	X		X	
3. Ensure CSHCN have health insurance to access needed services			X	X				X		X		
4. Families are included as part of their children's care coordination								X				
5. Ensure OCC3 for Kids and system-wide care coordination continues with sustainable funding									X		X	X
Intermediate Outcomes												
6. OCC3 for Kids is recognized throughout county as an advocacy group for CSHCN	X								X	X		

Evaluation Methods

Qualitative and quantitative measures were used to evaluate OCC3 for Kids collaborative efforts including: meeting attendance logs; case presentation summaries; meeting minutes; interim and final grant reports; agency surveys; and system level care coordination case tracking. Information was collected throughout the 18-month implementation period and compiled for analysis at the end of the project.

Evaluation Results

System Care Coordination

Trainings on Acuity Tool/Referral Process

Trainings were provided to agencies that serve children with special health care needs (CSHCN) to introduce them to the OCC3 for Kids effort and acuity screening/referral tool, and to generate referrals to OCC3 for Kids. Indicators used to measure the effectiveness of the trainings include:

a. Number of trainings;
b. Number of participants, agencies;
c. Number of eligible case referrals received.

A total of eight one-hour trainings were provided by leadership team members, Rebecca Hernandez, HMG and Robyn Baran, PHN-System Care Coordinator (SCC) to three different agencies; County of Orange Health Care Agency, Public Health Nursing Division (HCA PHN), Children's Hospital of Orange County (CHOC), and Children's and Families Commission of Orange County School Readiness Nurses (SRN). A total of 160 staff including public health nurses, medical doctors, registered nurses, school readiness nurses, occupational/physical therapist and social workers received these trainings. Trainings were given from May 2015 through February 2016 and resulted in a total of 13 referrals: four from HCA PHN; two from SRN; two from CHOC Early Development Assessment Center; three from California Children's Services; one from Help Me Grow; and one from the Center for Autism and Neurodevelopmental Disorders. Of the 13 referrals, 12 were eligible for OCC3 for Kids System Care Coordination services. (See Table 2.)

Table 2

Date	Agency	# of Attendees/Type of Attendees
5/4/2015	HCA-PHNs	18 Public Health Nurses
6/4/2015	HCA-PHNs	23 Public Health Nurses
7/1/2015	HCA-PHNs	12 Public Health Nurses; 1 Social Worker
9/16/2015	HCA-CCS	26 Public Health Nurses; 2 Medical Doctors; 11 Occupational Therapist/Physical Therapists
10/13/2015	CHOC Children's Hospital-Orange Clinic	15 Primary Care Physicians and related staff
10/28/2015	CHOC–Inpatient and Specialty Clinics	30 Nurse Case Managers and Social Workers
12/17/2015	School Readiness Nurses	20 School Readiness Nurses
2/1/2016	CHOC-Primary Care Clinics	4 Licensed Vocational Nurse, 3 Financial Coordinators, 1 Registered Nurse Manager

Monthly OCC3 for Kids Meetings

The purpose of these meetings was to identify system wide issues and to provide a forum for agencies to communicate with one another. Meeting activities included: agency presentations; case presentations; round table report-out and discussion about OCC3 for Kids activities. Agency presentations provided the opportunity for OCC3 for Kids agencies or invited Orange County service agencies to address service eligibility and common misperceptions about their services. Round table updates, approximately the first 20 minutes of each collaborative meeting, gave participants an opportunity to share information about their agencies' activities related to CSHCN. Information shared included: changes regarding policies or practices; upcoming trainings or conferences; staffing changes and open positions; follow-up from previous case reviews: changes regarding policies or practices; and legislative updates.

Indicators used to measure the effectiveness of the collaborative meetings were:

a. Meeting attendance/agency participation;
b. Number of case presentations;
c. Number and type of agency presentations;
d. Increase in communication between OCC3 for Kids members;
e. Identification of system wide issues.

The collaborative meetings were two hours in length and averaged 18 participants. There were a total of 18 meetings from January 2015 through June 2016. Meetings included standard agenda items such as round table updates, report out on referrals to OCC3 for Kids, case reviews, and reviews of the action items from the prior meeting. The following items were included on an as needed basis: committee report outs; agency presentations; updates from

California Community Care Coordination Collaborative (5Cs) participation; site visits and planning activities.

Meeting Participation/Agency Participation

OCC3 for Kids had consistent agency participation in the monthly collaborative meetings with an average attendance of 18 participants at each meeting and a total of 19 agencies participating in the collaborative. Meeting attendance ranged from 15 to 22 participants with some agencies sending more than one representative. A variety of agencies participated in the monthly meetings including county public agencies, hospitals, and non-profits. Agencies which were the most pivotal participants when it came to identifying systemic issues addressing CSHCN included: County of Orange Health Care Agency, Public Health Nursing Division; California Children Services (CCS); County of Orange Social Services, Children and Family Service Division; Children's Hospital of Orange County (CHOC); Children's Hospital of Orange County - Specialty Clinics; Regional Center of Orange County; Family Support Network; and Help Me Grow. The most significant shift in the collaborative agencies' participation was an increase in consistent participation from public health insurance programs such as CHOC Health Alliance and CalOptima, a public agency which serves as the designated manager of the Medi-Cal program for residents in the County of Orange. Participation from private insurance companies has been identified as a future need. For a complete list of agencies participating in the collaborative see Appendix B.

Case Presentations

A total of 13 cases were presented during the monthly OCC3 for Kids, eight presentations were given by OCC3 for Kids member agencies and five cases were referred directly to the OCC3 for Kids and presented by the SCC. Children ranged in age from newborn to 14 years, with 12 cases focusing on children under six years of age. One of the main issues identified through case reviews was the system issue of who has the authority to consent for medical services, specifically when the child was discharged from a hospital to a foster home or family caregiver. To address this issue, OCC3 for Kids leadership team invited the County of Orange Social Service Agency, Children and Family Services Division (CFS) who provided training at the September 2015 OCC3 for Kids meeting. The agenda item allowed information to be shared on who has authority to consent for medical services for the minor, and provided a needed linkage for an ongoing resource which hospital discharge social workers could utilize to verify if a child is a client of the CFS Division. Additionally, an ad hoc group was created to address issues in the hospital discharge process. Initially, this group was going to address the issue of standardizing discharge papers from the multiple Neonatal Intensive Care Nurseries (NICUs) in Orange County, but after the first meeting a range of topics needing improved coordination were identified and the group continues to meet on an ongoing basis to address identified issues.

Agency Presentations

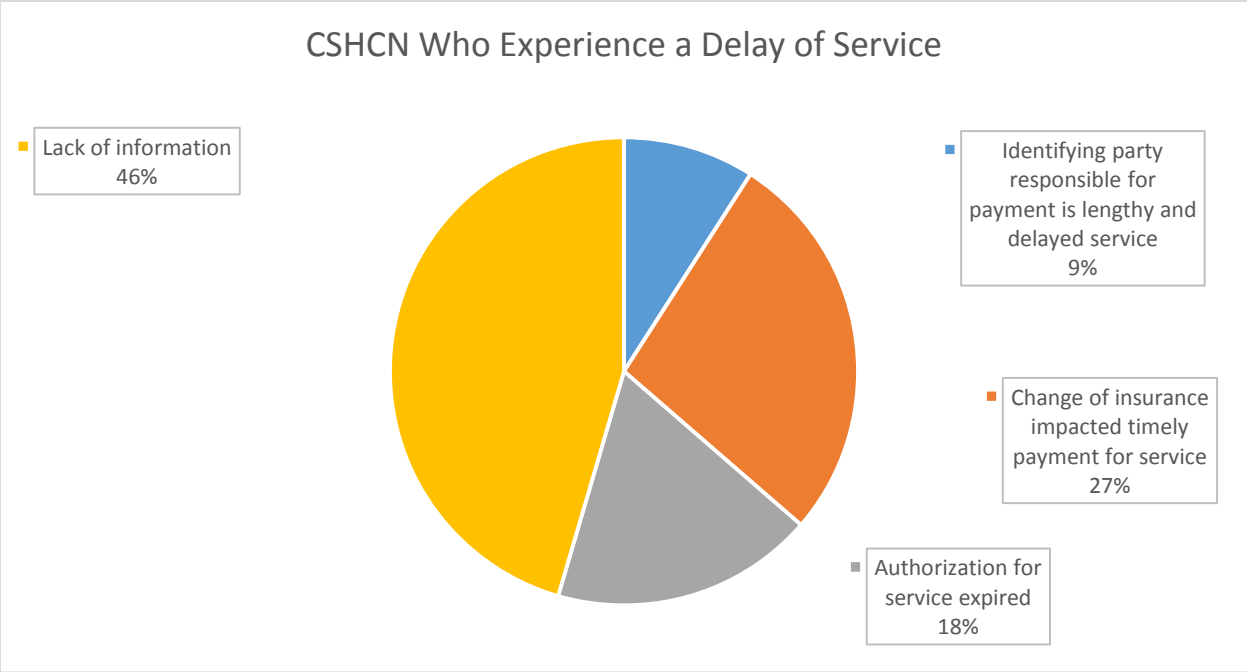
Agency presentations were included in OCC3 for Kids on a regular basis beginning in January 2013 and continued into the 2015/2016 cycle as a core agenda item. Agency presentations were designed to provide an opportunity for participants to increase their working knowledge of other agency's services and referral criteria, as well as gave presenters the opportunity to address misconceptions about their agency, eligibility for services, and the services provided to the CSHCN and their families. Ten presentations were conducted during collaborative meetings; six presentations were by OCC3 for Kids members and three of the presentations were scheduled to address questions/issues that arose during case presentations. These included: Children in Foster Care-Consents and Authorizations-September 2015; Pediatric Palliative Care- April 2016; and CalOptima-Beacon Health Strategies- June 2016. For a full list of presentations see Appendix C.

In a survey completed by the collaborative agencies, collected in June 2016, 53% respondents strongly agree and 47% agree that they found the agency presentations have "increased their knowledge of how to access services for the clients their agency serves". (N=17)

Systemic Issues Identified

Case presentations and SCC case reviews contributed to identifying a variety of system level issues impacting CSHCN over the last 18 months. Two main system issues: *delay of service* and a *lack of a designated point person or agency* to monitor the child's access to services, identified in phase one of the project, continued to be system issues experienced by 83% (10) of CSHCN. {Note CSHCN can experience more than one system issue.} Delay of service included four areas: lack of information on eligibility or service availability by the primary care physician, family, or agency initially treating the child (46%); service authorizations that have expired (18%); changes with insurance plan that impacted payer identification (27%); and identifying the party responsible for payment when there is more than one insurance plan (9%). (See Figure 1) Children were as likely to experience a delay in care due to identification of payer as a lack of knowledge from a primary care physician, agency providing service or family, on eligibility or available services.

Figure 1



A new system issues was identified over this past 18months and can be categorized as a gap in service and was experienced by 33% (4) CSHCN. A gap in service is defined as a service that is in need, but not currently available across multiple agencies therefore resulting in a systemic gap, and includes two subcategories: child not eligible for service and child eligible but service not available due to lack of resource or overloaded resource. For example, a service not being available because of a staffing shortage or a lack of funding to expand service. {Note CSHCN can experience more than one system issue} (See Table 3.)

Table 3

	Number of CSHCN Impacted by System Issues								
	Delay of Service					Lack of Designated point Person/Agency to Follow Up	Service Gap		
	Insurance Coverage/Payer Identification		Authorization for Service expired	Lack of Information			Child not Eligible	Service Not Currently Available	
	Identifying party responsible for payment, more than one insurance, is lengthy and delayed service	Change of Insurance impacted timely payment for service		Education to PCP or Agency Initiating Service	Education to Family on eligibility/ community services		Child does not qualify for ABA service unless child has Autism or Regional Center Client	Advocacy for appropriate facilities for children in foster care with subacute needs	Shortage of nursing providers to cover approved hours for In Home Supportive Services
Case -01		1			1	1			
Case -02			1			1			
Case -03		1					1		
Case -04					1				1
Case -05	1								
Case -06				1					
Case -07								1	
Case -08							1		
Case -09				1					
Case -10				1					
Case -11			1						
Case -12		1							
Total	1	3	2	3	2	2	2	1	1

The amount of time the SCC spent on resolving CSHCN referrals was impacted by the number of system level issues experienced by the child. The more system level issues a child experienced as barriers to their services, the more time the SCC spent resolving the issues, and the longer the case stayed open. (Figure 2 and Figure 3)

Figure 2

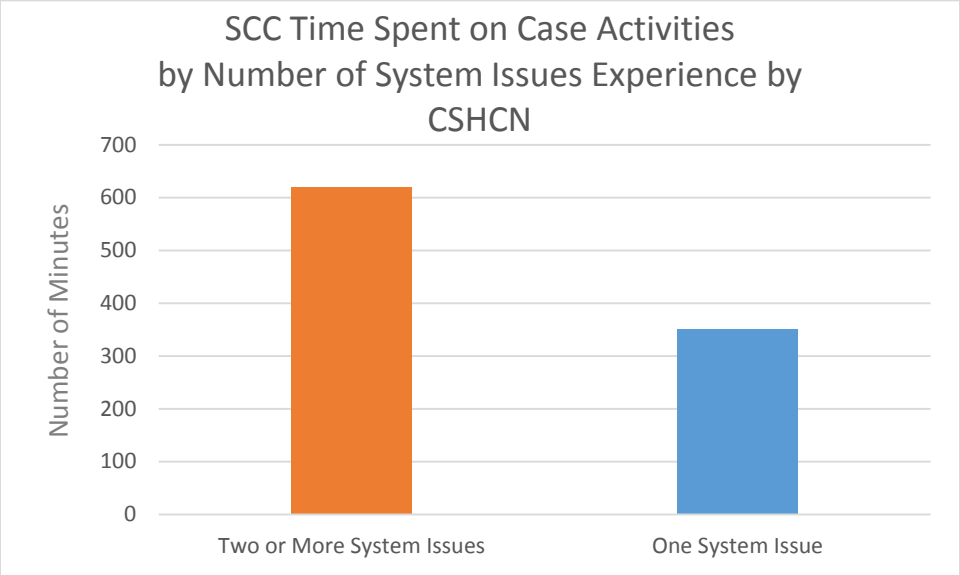
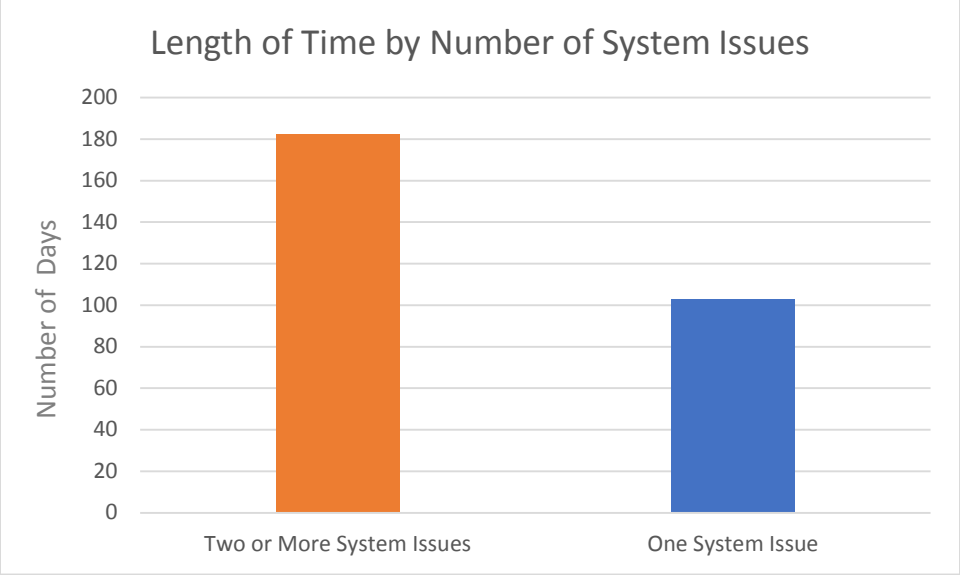


Figure 3



Cases that had children who experienced a service gap due to ineligibility resulted in the most time spent by the SCC (average of 16.6 hours and 8 months) to identify the service gap and identify possible alternative services as compared to the overall average time of 7.3 hours and 4.3 months. (See Appendix D.)

Comparing the score of the acuity at the time of the initial referral was not found to be a reliable predictor of the length of time a referral took to resolve or the amount of time spent by the SCC. The acuity tool is comprised of 11 indicators defined into low and high risk categories based on narrative descriptions for each indicator. The referring agency checks the descriptions for each indicator that reflects the issues of their case and can leave an indicator blank if no issue exists. Therefore, the tool has a scoring range of 1 to 22 and is used by the SCC to identify priority of the referral. Delay of care is also used in determining referral priority, however with only 12 cases meeting eligibility of the project, the referral prioritization and subsequent response time was more flexible for the SCC.

	Priority 1 (High)	Priority 2 (Medium	Priority 3 (Low)
Criteria: Delay of Care	• > 4 month delay	• 2 – 4 month delay	• < 2 month delay
Criteria: Family Indicators	• Total Score 17 to 22	• Total Score 11 to 16	• Total Score 0 to 10
Response Time	2 weeks	4 weeks	6 weeks

Of the 12 referrals eligible for SCC, the score ranged from one to twelve, with the average score of six. When comparing the acuity score to the time spent by the SCC, there was no direct relationship as an acuity score of 12 resulted in 1,160 minutes, while an acuity score of 11 resulted in 242 minutes. An acuity score of 1 resulted in more minutes spent by the SCC (246 minutes) than the referral with an acuity score of 11. Similar results are seen when comparing the length of time a case is opened as an acuity score of 1 was kept opened 247 days, while an acuity score of 3 was closed within one day and acuity score of 4 closed in 80 days. (See Appendix E for acuity tool.)

Table 4

Number of System Barriers	Acuity Score	SLCC Time Spent (Minutes)	Resolved or Unresolved	Case Opened Length of Time (Days)
3	1	246	Resolved	247
2	12	1160	Pending	285
2	8	757	Pending	127
2	5	317	Resolved	71
1	4	119	Resolved	80
1	7	202	Resolved	162
1	11	242	Unresolved	35
1	7	1184	Pending	194
1	6	675	Pending	168
1	7	135	Resolved	126
1	2	217	Resolved	56
1	3	30	Resolved	1

Systemic Issues OCC3 for Kids Activities

OCC3 for Kids members were asked via a survey administered in June 2016 to identify which activities they participated in over the past 18 months they viewed as valuable in working towards alleviating system issues impacting CSHCN. The following activities were identified as being *very valuable* or *valuable*, with only one respondent marking *limited value* in working towards alleviating system issues:

- *Agency Information presentations; 100%*
- *Case Reviews; 94%*
- *Having a system level care coordinator; 94%*
- *Having representation by wide range of Orange County agencies at monthly meetings; 94%*
- *Contacts made during OCC3 for Kids meetings; 94%.*

The following activities were split between *very valuable and valuable* versus limited *value and not valuable*:

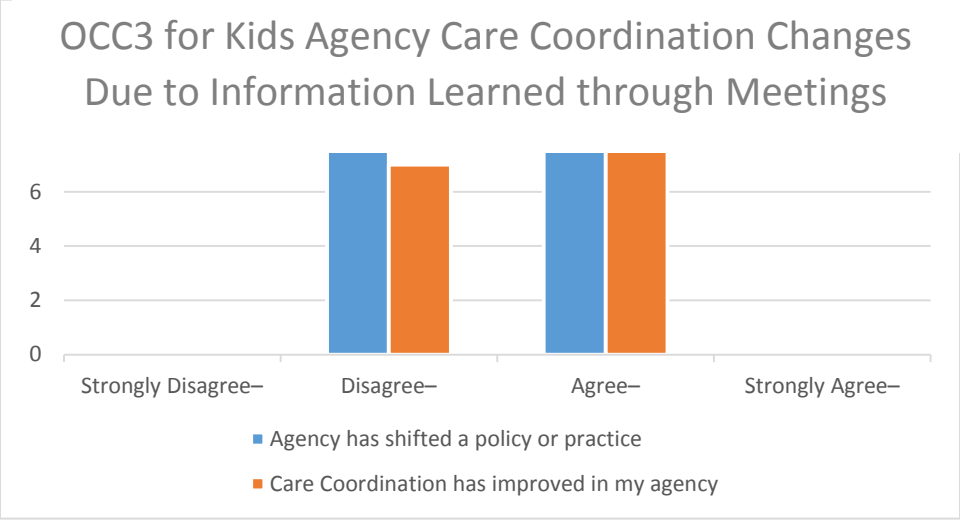
- *Round table updates; 71% / 29%*
- *Acuity tool/referral form; 59%/ 41%*
- *Communication plan; 76% / 24%*
- *Advocacy planning meeting; 59% / 41%*
- *Informal networking; 76% / 24%*
- *Additional Ad Hoc efforts such as the NICU workgroup; 59%/41%*

There was no activity that received only *limited value* to *no value*. (For a full list of survey responses see Appendix F.)

Systemic Issues OCC3 for Kids Policy/Procedural Changes

Additional questions were asked of the same group regarding policy or procedural changes within their agency. 58% of respondents agreed with the following statement "*I or my agency has shifted a policy or practice to improve care coordination/case management due to the information learned through participation in the OCC3 for Kids collaborative meetings."* While 53% agreed to the statement "*care coordination/case management has improved in my agency due to participating in OCC3 for Kids.*" (See Figure 4.) For a complete list of survey results see Appendix F.

Figure 4



Increase in Communication between Collaborative Agencies

The following activities contributed to increasing the communication between agencies serving CSHCN: case presentations, collaborative meetings, agency presentations, trainings on acuity tool/referral process, case reviews by System Care Coordinator and round table updates. To assess the impact of these activities on communication between agencies, agencies were asked to complete a short survey indicating which activities were valued as having an impact on alleviating system issues impacting CSHCN. The survey was administered upon the conclusion of the award period and conducted through an online survey system. The survey had an 89% response rating with 17 representatives responding. Of the activities that fostered communication, respondents found the following activities a very valuable: contacts made/relationships developed (53%); agency presentations (35%); and informal networking (17.5%); while 70 % of respondents found the round table agency updates as valuable.

Table 5

Activity	Not Valuable	Limited Value	Valuable	Very Valuable
Contact Made/Relationship Developed	0%	6%	41%	53%
Agency Presentations	0%	0%	65%	35%
Informal Networking	6%	17.5%	59%	17.5%
Round Table Agency Updates	0%	29%	71%	0%

SCC Case Review and Consultation

The purpose of the System Care Coordinator (SCC) was to coordinate the current care coordinators/agencies that have clients experiencing an increased risk for chronic physical, developmental, behavioral or emotional condition and/or have experienced difficulty in accessing care or services. To conduct this activity a 0.4 FTE (16 hour/week) SCC was identified and secured, through a partnership with the County of Orange Health Care Agency, Public Health Nursing Division, beginning May of 2015. The SCC focused on activities such as following up on referrals received by OCC3 for Kids and conducting case presentations at the OCC3 for Kids meeting. To assist the SCC in reviewing referrals, prioritizing cases and tracking activities and outcomes, the following products were created: Process for System Level Care Coordination (Appendix G), workflow document identifying both referral prioritization and process of activity escalation; Care Coordination Monthly Summary (Appendix H) to identify system issues identified by SCC; and a Case Tracking excel document (Appendix I) to document case demographics, SCC activities, and case outcomes. Indicators used to measure the effectiveness of the SCC were:

a. SCC Case Review and Consultation
    a. Number of cases reviewed; activities conducted, referral issues resolved
    b. Number of children with health insurance; primary care physician,
b. Participation level of family in child's care coordination.

Case Coordination, SCC Activities and Referrals Resolved

The SCC began receiving referrals in July 2015. Referrals were submitted by an agency serving a child with special health care needs based on the eligibility below:

- Client resides in Orange County;
- Client is 0 to 12 Years old;
- Client has increased risk for chronic physical, developmental, behavioral or emotional condition;

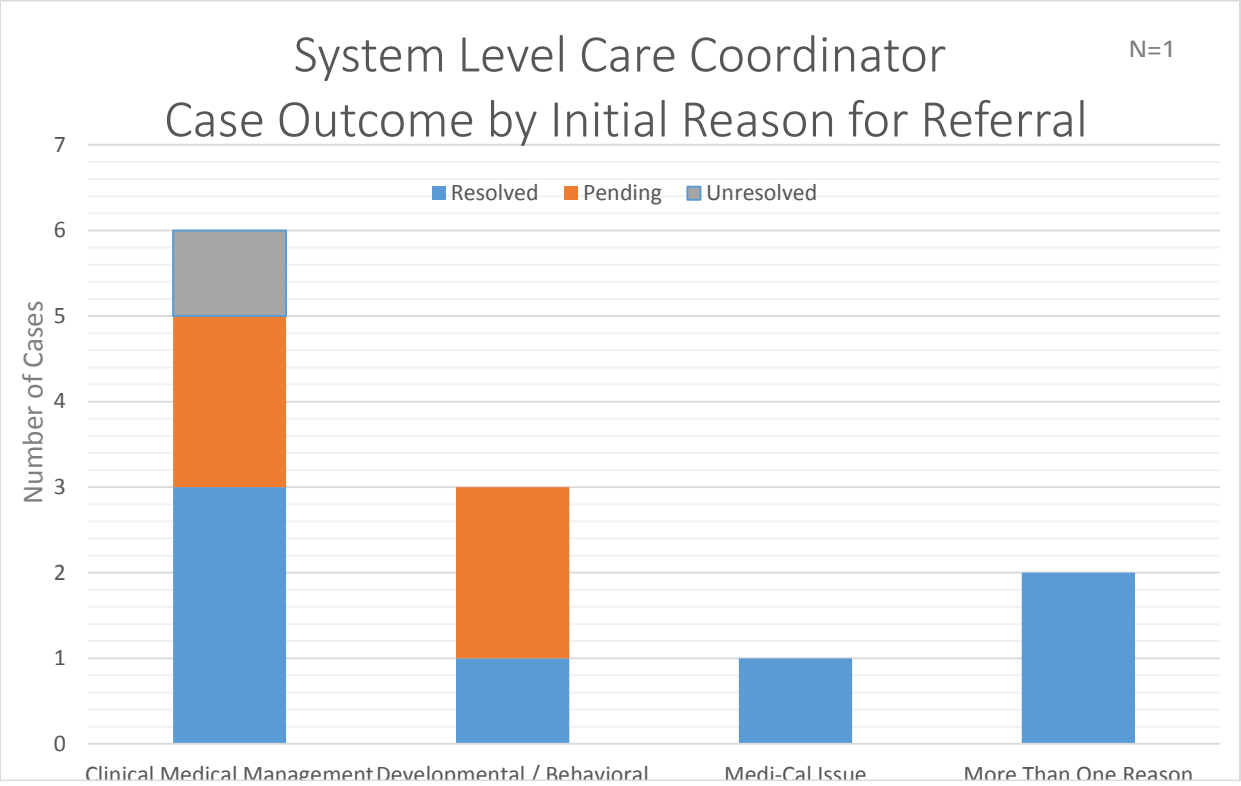
- Client has experienced difficulty in accessing care or services.

Cases meeting the eligibility criteria were opened and received an initial case review with SCC recommendations and guidance given to the referring agency. If initial concerns were not resolved with this activity, the case received a multidisciplinary team review – which consisted of a series of individual calls or a case conference with multiple agencies involved in the case. If the concerns persisted, the SCC presented the case at the OCC3 for Kids monthly collaborative meeting. Since July of 2015, 13 cases have been referred to OCC3 for Kids; 12 fit the criteria for OCC3 for Kids and SLC support. All have received SCC recommendation and guidance; one has received a multidisciplinary team review and five have been presented at OCC3 for Kids meetings.

General Demographics and Activities

Children eligible for SCC consultation ranged in age from three months to six years, were predominantly Hispanic (50%), and came from English (83%) speaking households. The primary reason for referral was *Clinical/Medical Management* (66%) with the second reason of *Developmental/Behavioral* (25%). As of June 30, 2016, seven (58%) of cases were resolved, four (33%) cases were pending still open, and one case (9%) was unresolved. Two cases had more than one initial referral reason. Both cases requested *Clinical/Medical Management*; one asked for *Social Services* and the other *Referral Management*. (See Figure 5.)

Figure 5



All cases received SCC recommendation and guidance; one received a multidisciplinary team review and five have been presented at OCC3 for Kids meetings. In additional to these core activities, the following activities were also conducted by the SCC. (See Table 6.)

Table 6

Activities	Clinical Medical Management	Developmental /Behavioral	Medi-Cal Issue	More Than One Issue	Total
Telephone discussion	59	40	0	8	107
Electronic (Email) Contact	2	1	0	0	3
Confer with Primary Care Provider	2	1	0	0	3
Develop/Modify Written Action Plan	11	7	0	2	20
Written Report to Agency	8	1	0	0	9
Written Communication	0	1	0	0	1
Patient-focused Research	0		0	0	0
Meeting/Case Conference	4	4	0	0	8
Contact With Agency to engage in CC activities	0	2	0	0	2
PHN Care Coordinator documenting case notes	39	40	1	9	89
Lead agency identified	1	0	0	0	1

The length of time a case remained open ranged from one to 285 days, with 129 days (4 months 3 weeks) as the average amount of time a case was open. The average amount of time the SCC worked on a case was 440 minutes (7.3 hours). The number of minutes ranged from 30 minutes to 1,184 minutes (19.73 hours).

Health Insurance and Primary Care Physician

Ten children had health insurance upon the initial referral to OCC3 for Kids and two children obtained insurance after the initial referral. The complexity of the type of insurance is seen in Figure 6. Almost all (92%) children had some type of public health insurance, with 35% having more than one type insurance. Those children with both CCS and CalOptima had varied health insurance programs under CalOptima, with CHOC Health Alliance being the most prominent. (See Table 7.)

Figure 6

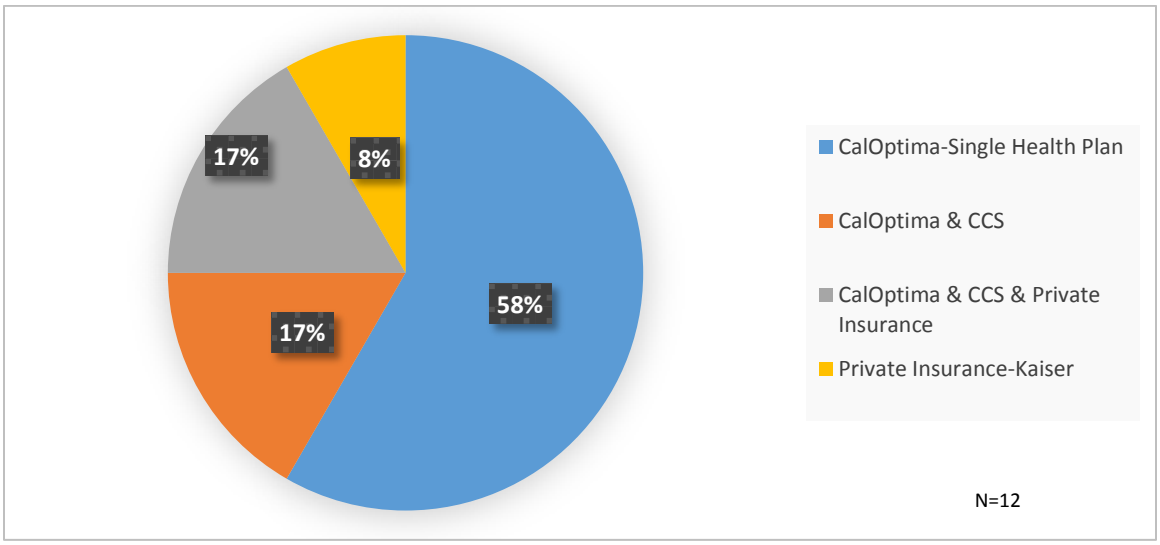


Table 7

Insurance	# of Children
CalOptima-CHOC Health Alliance	3
Ca Optima-Prospect	1
CalOptima-Arta Western	2

Primary care physicians (PCP) were identified for all children once health insurance was obtained, however the ability for the PCP or medical home to act as a care coordinator was not identified for any of the children.

Family Participation Level in Child's Care Coordination

The outcome regarding family participation was not able to be assessed during this 18 month time period. The original evaluation plan was to survey the agencies that submitted referrals to the SCC and inquire if the family had an increase knowledge or ability to navigate the system and learn from the information provided by the SCC. The Health Care Agency/Public Health Nursing determined that conducting a survey when only one staff member (i.e. System Care Coordinator) assigned to the role, interfered with their personnel policies.

Communication/Collaboration

OCC3 for Kids identified the needs to increase awareness of the project, not only within their members, but within the Orange County community. Indicators used to measure the effectiveness of these efforts were:

a. Educate community on OCC3 for Kids
b. Advocate for systemic and organizational policy change

Communication Tools

A variety of tools were developed over the past 18 months to assist OCC3 for Kids in educating the community about the project. In August 2015, members of the OCC3 for Kids Communications Committee worked with Lucile Packard Foundation (LPFCH) staff to create an OCC3 for Kids logo to be used on the screening tool and other materials to assist in the branding of the project. An Outreach Toolkit was created for use with physicians and providers. The kit includes the following materials:

a. A provider outreach letter;
b. List of OCC3 for Kids members;
c. OCC3 for Kids Referral/Acuity Tool;
d. FAQs on Referral to OCC3 for Kids;
e. Authorization to Disclose PHI (English, Spanish, Vietnamese)

In the fall of 2015, a webpage on the already existing Help Me Grow Orange County website was created for OCC3 for Kids, using the new OCC3 for Kids logo, and included the materials in the Outreach Toolkit making it easier for agencies to access the listed information and referral tools.

The OCC3 for Kids Leadership Team also utilized information learned during Communication Planning Session by Spitfire at the December 2015 5C's meeting. Using the Smart Chart tool, a communication plan was developed for four target audiences and finalized in February 2016, identifying the following elements: (see Appendix K)

a. Target audiences;
b. Measurable referral objectives;
c. Potential barriers to referrals;
d. Message to deliver;
e. Responsible party for delivering message;
f. Communication activities.

Advocacy Activities

OCC3 for Kids underwent a planning process, with a consultant from LPFCH, to address the systemic issues impacting children with special health care needs (CSHCN). The goal of the planning sessions was to develop consensus on strategies for addressing said issues, cementing

how the collaborative will work together to draw upon the resources at the table, and empowerment of partners to generate ideas and solutions. The results were a one-page action plan identifying activities that would bring the OCC3 for Kids Project closer to resolving the systemic issues of delays of service due to dual payees.

Sustainability and Evaluation

Effective Leadership / Dedicated Staff

The leadership team, led by the Help Me Grow Program Manager, Rebecca Hernandez, was comprised of four additional individuals: Madeline Hall, Grant Development Manager from CHOC Children's Foundation; Lisa Burke, an independent consultant whose role was to facilitate the collaborative meetings; Cynthia Miller, an independent consultant whose role was to conduct the evaluation, and Robyn Baran, System Care Coordinator, Public Health Nurse. The leadership team met on a monthly basis, after OCC3 for Kids, to address issues raised during meetings and plan for future meetings. Additional meetings were held as needed to address funding, administrative reporting and evaluation tool development. Leadership team members also represented OCC3 for Kids at the LPFCH 5C's activities and meetings in Palo Alto. The following outcomes were identified to measure the efforts of the leadership team in both Phase 1 and Phase 2 of the project:

A. Effective leadership and governance
B. Dedicated staff and appropriate structure
C. Additional funding secured

Using the Bridgespan Group identification of an effective collaborative, a questionnaire was administered to collaborative agency representatives in April 2013, July 2014 and June 2016 to measure the effectiveness of the leadership team's efforts on the following concepts:

- Effective leadership and governance: keeping decision makers at the table
- Dedicated staff and appropriate structure
    - Convening
    - Facilitation
    - Data collection
    - Communications
    - Administration

It should be noted that there are other measures as part of the tool that provide a holistic picture of the collaborative, but were not used in this evaluation. They can be found in Appendix F.

Results from the initial survey administered in April 2013 showed a significant shift in all areas from low to medium/high when compared to the survey administered in June 2014. Comparing the June 2014 survey results to the June of 2016, there was consistency in four of the areas maintaining a medium/high to high rating: dedicated staff, convening, facilitation, and effective leadership in governance. The following areas saw shift in the medium-high/ high rating when comparing 2014 results to 2016 results: communication (100% to 69%); administration (92% to 62%); and data collection (91% to 75%). (See Table 8.)

Table 8

Characteristics of success	Low		Medium		High	# of Respondents
Dedicated staff and appropriate structure						
Apr-13		57%	43%			7
Jun-14				33.33%	66.66%	9
Jun-16			10%	45.00%	45.00%	11
• ***Convening***						
Apr-13	21%	36%	43%			14
Jun-14			18%	27%	55%	11
Jun-16			19%	31%	50%	16
• ***Facilitation***						
Apr-13	33%	40%	27%			15
Jun-14			9%	36%	55%	11
Jun-16			18%	38%	44%	16
• ***Data collection***						
Apr-13	47%	27%	27%			15
Jun-14			9%	50%	41%	12
Jun-16			25%	50%	25%	16
• ***Communications***						
Apr-13	38.5%	23%	38.5%			13
Jun-14				42%	58%	12
Jun-16			31%	31%	38%	16
• ***Administration***						
Apr-13	44%	25%	31%			16
Jun-14			8%	25%	67%	12
Jun-16			38%	31%	31%	16
Effective leadership and governance: keeping decision makers at the table						
Apr-13	35%	12%	47%	0.05%		17
Jun-14			0.08%	33%	58%	12
Jun-16			12.50%	50%	37.50%	16

Secure Additional Funding

OCC3 for Kids partnered with the County of Orange Health Care Agency (HCA) to explore the ability to draw down Federal Financial Participation (FFP) funding to hire the System Care Coordinator (SCC). The FFP funding requires:

- The local program must use qualifying non-federal funds (i.e. local county/city/state/private funds) to draw down Title XIX matching/reimbursement;
- Allowable use is to assist individuals on Medi-Cal to access Medi-Cal providers, care and services;
- Funded staff must be from a public agency.

Activities listed below were conducted to obtain this funding:

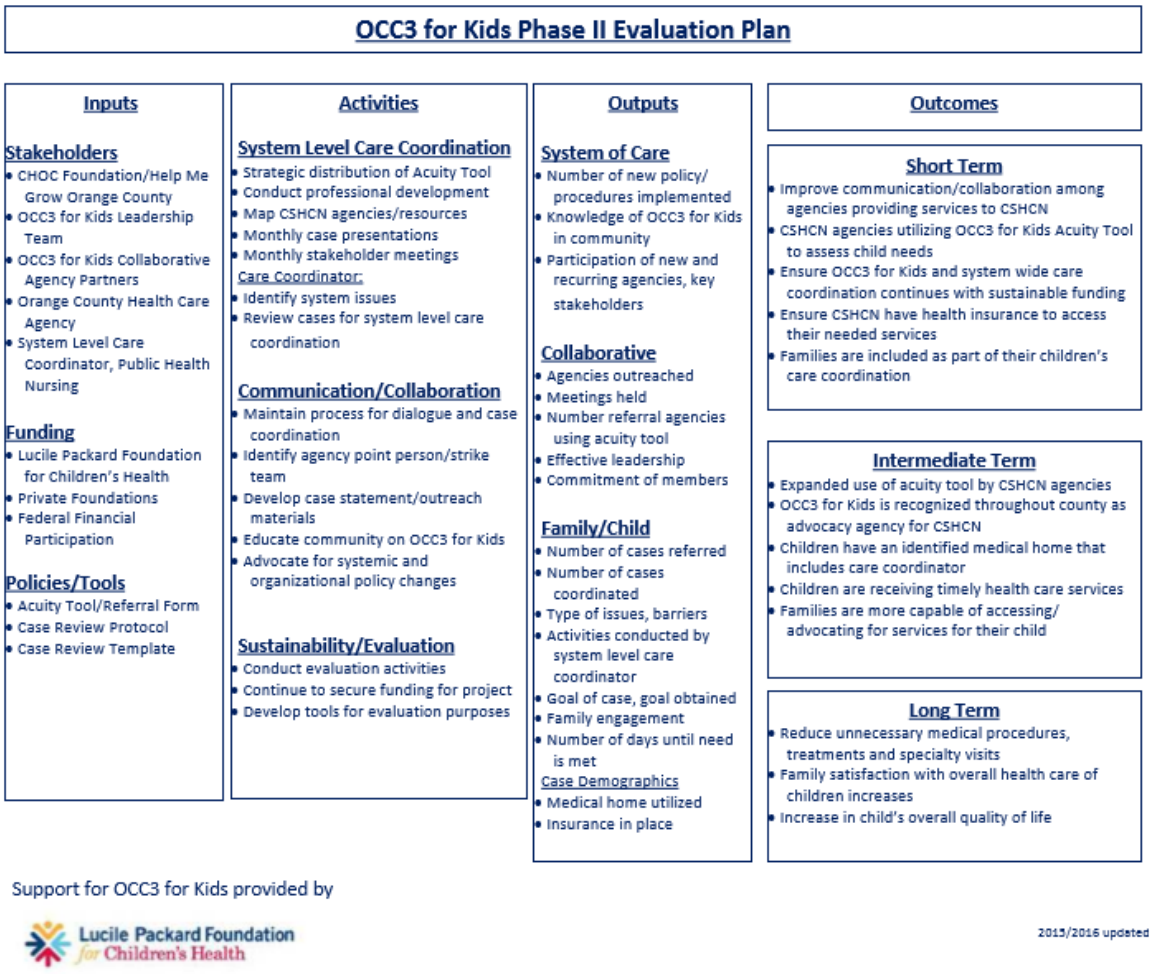
- Development of Job Description/Scope for SCC;
- Budget development for a 12-month pilot by Division Management of Orange County Health Care Agency;
- HCA submits the FFP position as part of the County's Maternal, Child and Adolescent Health budget and makes state-required revisions;
- HCA commits matching funds from the County's public expenditure

Conclusions

OCC3 for Kids contributed to improving the system of care for children with special health care needs by creating a collaborative care coordination system in Orange County.

1. The following activities are perceived as valuable in working towards alleviating system issues impacting CSHCN: agency information presentations, case reviews, system level care coordinator, having representation by wide range of Orange County agencies at monthly meetings and contacts made during OCC3 for Kids meetings.
2. Agency information presentations increasing participant's knowledge of how to access services for the clients their agency serves.
3. The participation of health insurance/payment agencies such as CHOC Health Alliance, CCS and CalOptima has been identified as important to resolving system issues: 91% of children have CalOptima; 33% have CCS and 45% of children having CalOptima have CHOC Health Alliance.
4. Both a lack of information by PCPs, initial service agencies and families contribute to a delay of service as much as issues with paying for services.
5. Given the average length of time a cases is open with the System Care Coordinator is four months, three weeks, future efforts to increase SCC referral will need to balance caseload maximization.
6. The number of systemic issues a child is experiencing is a more reliable predictor of how much time and resources are needed to assist them in accessing care.
7. The leadership team continues to receive high ratings in the overall running of the project. Areas that experienced a shift from high ratings to medium ratings may be in part due to a more extensive understanding from the respondents in the areas of communication and data collection. Leadership may want to explore activities that would improve these areas.
8. Continued efforts to secure funding for project management and SCC to continue this project for the next three years will be key for project to impact systemic issues.

Appendix A


OCC3 for Kids Phase II Evaluation Plan
Inputs
Stakeholders
• CHOC Foundation/Help Me Grow Orange County
• OCC3 for Kids Leadership Team
• OCC3 for Kids Collaborative Agency Partners
• Orange County Health Care Agency
• System Level Care Coordinator, Public Health Nursing
Funding
• Lucile Packard Foundation for Children's Health
• Private Foundations
• Federal Financial Participation
Policies/Tools
• Acuity Tool/Referral Form
• Case Review Protocol
• Case Review Template
Activities
System Level Care Coordination
• Strategic distribution of Acuity Tool
• Conduct professional development
• Map CSHCN agencies/resources
• Monthly case presentations
• Monthly stakeholder meetings
Care Coordinator:
• Identify system issues
• Review cases for system level care coordination
Communication/Collaboration
• Maintain process for dialogue and case coordination
• Identify agency point person/strike team
• Develop case statement/outreach materials
• Educate community on OCC3 for Kids
• Advocate for systemic and organizational policy changes
Sustainability/Evaluation
• Conduct evaluation activities
• Continue to secure funding for project
• Develop tools for evaluation purposes
Outputs
System of Care
• Number of new policy/ procedures implemented
• Knowledge of OCC3 for Kids in community
• Participation of new and recurring agencies, key stakeholders
Collaborative
• Agencies outreached
• Meetings held
• Number referral agencies using acuity tool
• Effective leadership
• Commitment of members
Family/Child
• Number of cases referred
• Number of cases coordinated
• Type of issues, barriers
• Activities conducted by system level care coordinator
• Goal of case, goal obtained
• Family engagement
• Number of days until need is met
Case Demographics
• Medical home utilized
• Insurance in place
Outcomes
Short Term
• Improve communication/collaboration among agencies providing services to CSHCN
• CSHCN agencies utilizing OCC3 for Kids Acuity Tool to assess child needs
• Ensure OCC3 for Kids and system wide care coordination continues with sustainable funding
• Ensure CSHCN have health insurance to access their needed services
• Families are included as part of their children's care coordination
Intermediate Term
• Expanded use of acuity tool by CSHCN agencies
• OCC3 for Kids is recognized throughout county as advocacy agency for CSHCN
• Children have an identified medical home that includes care coordinator
• Children are receiving timely health care services
• Families are more capable of accessing/ advocating for services for their child
Long Term
• Reduce unnecessary medical procedures, treatments and specialty visits
• Family satisfaction with overall health care of children increases
• Increase in child's overall quality of life
Support for OCC3 for Kids provided by
Lucile Packard Foundation for Children's Health
2013/2016 updated 2/25/2015

Appendix B

OCC3 for Kids Participating Organizations

1. American Academy of Pediatrics, California Chapter IV
2. CalOptima
3. California Children's Services
4. Children and Families Commission of Orange County, including Bridges Maternal Child Health Network and School Readiness Nurses
5. CHOC Children's Foundation
6. CHOC Children's Hospital
7. CHOC Early Development Center
8. CHOC Health Alliance
9. CHOC Primary Care Clinic Pediatricians
10. Comfort Connection Family Resource Center
11. Community Health Initiative of Orange County
12. County of Orange Health Care Agency, Behavioral Health
13. County of Orange Health Care Agency, Public Health Nursing
14. County of Orange Social Services Agency, Children and Family Division
15. Family Support Network
16. Help Me Grow Orange County
17. Orange County Department of Education Center for Healthy Kids and Schools
18. Regional Center of Orange County
19. The Center for Autism and Neurodevelopmental Disorders

Appendix C

OCC3 for Kids List of Presentations

2015/2016	Presenter	Agency Training
3.20.15	Carolina Vilchis and Maribel Hurtado, Children's Health Initiative of Orange County	Children's Health Initiative of Orange County
5.15.15	Rebecca Hernandez, Program Manager Help Me Grow	Presentation by Help Me Grow Orange County
6.19.15	Marc Lerner, MD Orange County Department of Education Center for Healthy Kids and Schools	Pediatrics Journal Article; CCS Whole Child Model
8.21.15	Dr. Anne Light, Medical Director Social Services Agency	The Center for Excellence
9.18.15	April Orozco, Health Care Agency, Public Health Nursing	Children in Foster Care: Consents and Authorizations
10.16.15	Cathy Brock, Executive Director The Center for Autism and Neurodevelopmental Disorders	The Center for Autism and Neurodevelopmental Disorders
2.19.16	Grace LeRoy, CHOC Children's Mo Byron, Family Support Network	Family Support Services
3.18.16	Margarita McCullough, Consultant Children and Families Commission of Orange County	Presentation on Bridges Maternal Child Health Network,
4.15.16	Margaret Mohr, CHOC Children's Cindy Jessome, California Children's Services	Presentation on Pediatric Palliative Care
6.17.16	Dr. Poon and Amanda McConnell, Cal Optima	Cal Optima related to Beacon Health Strategies

Appendix D

Number of CSHCN Impacted by System Issues by Time Spent/Length of Service

				Delay of Service					Lack of Designated point Person/Agency to Follow Up	Lack of Current Resource		
				Insurance Coverage/Payer Identification		Authorization for Service expired	Lack of Information			Child not Eligible	Service Not Currently Available	
Number of System Barriers	SCC Time Spent (Minutes)	Resolved or Unresolved	Case Opened Length of Time (Days)	Identifying party responsible for payment is lengthy and delayed service	Change of Insurance impacted timely payment for service		Education to PCP or Agency Initiating Service	Education to Family on community services		Child does not qualify for ABA service unless child is Autistic or Regional Center Client.	Advocacy for appropriate facilities for children in foster care with subacute needs	Shortage of nursing providers to cover approved hours for In Home Supportive Services
3	246	Resolved	247		1			1	1			
2	1160	Pending	285			1			1			
2	757	Pending	127		1					1		
2	317	Resolved	71					1				1
1	119	Resolved	80	1								
1	202	Resolved	162				1					
1	242	Unresolved	35								1	
1	1184	Pending	194							1		
1	675	Pending	168				1					
1	135	Resolved	126				1					
1	217	Resolved	56			1						
1	30	Resolved	1		1							
****	440	****	129	1	3	2	3	2	2	2	1	1

Appendix E

OCC3 for Kids Acuity Tool/Referral Form

Orange County Care Coordination Collaborative for Kids (OCC3 for Kids) Referral

OCC3 for Kids will use data to identify and troubleshoot system-level barriers

OCC3 for Kids ELIGIBILITY

- ☐ Client resides in Orange County
- ☐ Client is 0 to 12 Years old
- ☐ Client has increased risk for chronic physical, developmental, behavioral or emotional condition
- ☐ Client has experienced difficulty in accessing care or services

Length of time waiting for services CHECK ONE: ☐ < 2 months, ☐ 2 to 4 months, ☐ > 4 months)

Please fax to OCC3 for Kids Care Coordinator at (714) 834-7977 or carecoordinator@ochca.com

Please describe all challenges in accessing care, including social, developmental, medical and financial issues: _____

DEMOGRAPHIC INFORMATION

(Please attach relevant face sheets, referrals, summaries and/or discharge notes)

Today's Date				Documents Attached ☐
Name of Referrer	Title	Agency/Organization	Phone#	Email Address

Child Last Name	Child First Name	MI	Mother's Last Name	Mother's First Name	MI

☐ Male ☐ Female	Child's DOB	Child's Ethnicity	Mother's DOB	Primary Language ☐ Requires use of translator

Address	Apt #	City	Zip Code

Child's Medical Home Provider Name and Phone	Home Phone	Cell Phone

ACUITY AND SERVICES

Medical Coverage — Indicate Services (✓ check all that apply)

☐ Medi-Cal # _____
☐ CCS # _____
☐ Private _____
Member ID _____
Group ID _____

☐ **CalOptima**
Health Network (if applicable)

- ☐ AltaMed
- ☐ AMVI Care
- ☐ Arta Western
- ☐ CalOptima Community
- ☐ CHOC Health Alliance
- ☐ Family Choice
- ☐ Kaiser
- ☐ Monarch Family
- ☐ Noble Mid-Orange
- ☐ Prospect
- ☐ Talbert
- ☐ United Care

Community Resources — Indicate Services (✓ check all that apply) Check if services are pending or client is receiving services

Family Resource Center	Early Childhood Education	School District/ OCDE	WIC
☐ Pending ☐ Receiving Specify:	☐ Pending ☐ Receiving Specify:	☐ Pending ☐ Receiving Specify:	☐ Pending ☐ Receiving Specify:
Help Me Grow	**Child Protective Services**	**Alcohol, tobacco and other drugs** (Referral for caregiver)	**Other Community Resources**
☐ Pending ☐ Receiving	☐ Pending ☐ Receiving Specify:	☐ Pending ☐ Receiving Specify:	☐ Pending ☐ Receiving Specify:

Health Care Services — Indicate Services (✓ check all that apply)
- Check if services are pending or client is receiving services
- Provide date of next appointment if known

Growth Development

High Risk Infant F/U Clinic
☐ Pending ☐ Receiving
Date: _____

Regional Center of Orange County (RCOC)
☐ Pending ☐ Receiving
Date: _____

Nursing Care

Public Health Nursing
☐ Pending ☐ Receiving
Date: _____

Other case manager
☐ Pending ☐ Receiving
Specify:
Date: _____

Medical Specialties

- ☐ Cardiology
- ☐ Ear Nose Throat
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Mental Health
- ☐ Neurology
- ☐ Occupational Therapy
- ☐ Ophthalmology
- ☐ Physical Therapy
- ☐ Pulmonology
- ☐ Speech Therapy
- ☐ Surgery

Other Healthcare Referrals (i.e. spina bifida clinic, fragile feeder clinic). Specify:

6/23/15

Appendix E

If applicable, please check any boxes that apply. Note: there may be no boxes checked in the categories that do not apply.

1. Education Level of Primary Caregiver	☐ High school or GED ☐ Did not complete high school
2. Caregiver's Use of English	☐ Minimal English-speaking and reading skills ☐ Does not understand, read or speak English ☐ Resistant to the use of a translator
3. Caregiver's Use of Health Care System and Access to Care	☐ Has family issues that may affect the child receiving proper and timely care ☐ Fails to seek care for symptoms requiring evaluation / treatment ☐ Fails to return as requested to health care provider ☐ Inability to coordinate multiple appointment/treatment plans
4. Developmental Delay /Disability	☐ Child screened for developmental milestones with suspected delay but no diagnosis ☐ Child diagnosed with developmental delay and is not receiving services or treatment is not effective ☐ Severe developmental disability
5. Medical /Health Risk	☐ Medical or physical problems which moderately affect child's physical and intellectual development ☐ 2-3 medical specialty services needed ☐ Physical or medical problem which currently significantly impacts child's physical and intellectual development (e.g. pre-term infant, cardiac defect, visual or hearing impairment, seizure disorder, born addicted to drugs, etc.) ☐ Greater than 3 medical specialty services needed
6. Emotional or Behavioral Concerns	☐ Child exhibits inappropriate emotional behavior such as outbursts or inappropriate anger ☐ Child exhibits self-injurious behavior that does not leave physical marks ☐ Child exhibits abnormal emotional behavior or intense outbursts which interfere with activities of daily living ☐ Child exhibits self-injurious behavior that leaves marks on the child ☐ Child has needed hospitalization for the management of mental illness ☐ Child has had multiple visits to the emergency room for out of control behavior
7. Trauma to Child	☐ Some trauma to child (e.g. recent divorce or death of child's parent(s) or caregivers) ☐ Significant trauma to child (e.g. multiple surgeries/hospital visits; multiple foster home placements; child has witnessed violence)
8. Abuse, Neglect, or Domestic Violence	☐ History of abuse or prior Children and Families Services (AKA Child Protective Services) with episode resolved and case closed ☐ Parent of child was a victim of childhood abuse ☐ Partner currently in treatment for domestic violence ☐ Known abuse or neglect or domestic violence and abuser remains in the home ☐ Ongoing child abuse/neglect or domestic violence investigation ☐ Previous abuse, neglect or domestic violence of serious nature ☐ Prior court action ☐ Abuse, neglect or domestic violence suspected or discussed but no system intervention to date
9. Substance Abuse	☐ Caregiver is receiving substance abuse treatment and is considered compliant ☐ Suspected substance abuse, or caregiver or household member has a history of substance abuse and has had no had formal treatment ☐ High risk behavior indicating recent or current substance abuse; or there is proven substance abuse and caregiver is not in substance abuse treatment program ☐ Caregiver is in treatment program but attendance is sporadic
10. Living Situation	☐ Crowded living situation or multiple families living in same dwelling ☐ Residing with foster family ☐ Shared custody of child ☐ Rents a motel, garage or portion of a living space ☐ Staying with friends ☐ Currently homeless or in temporary shelter or car ☐ Multiple foster family placements
11. Financial Resources/ Transportation	☐ Limited resources to meet basic needs (clothing, food, shelter) or unable to manage finances ☐ Caregiver sometimes needs transportation assistance ☐ Family unable to meet basic needs (clothing, food, shelter) ☐ Community resources are inaccessible due to transportation issues

For office use only:

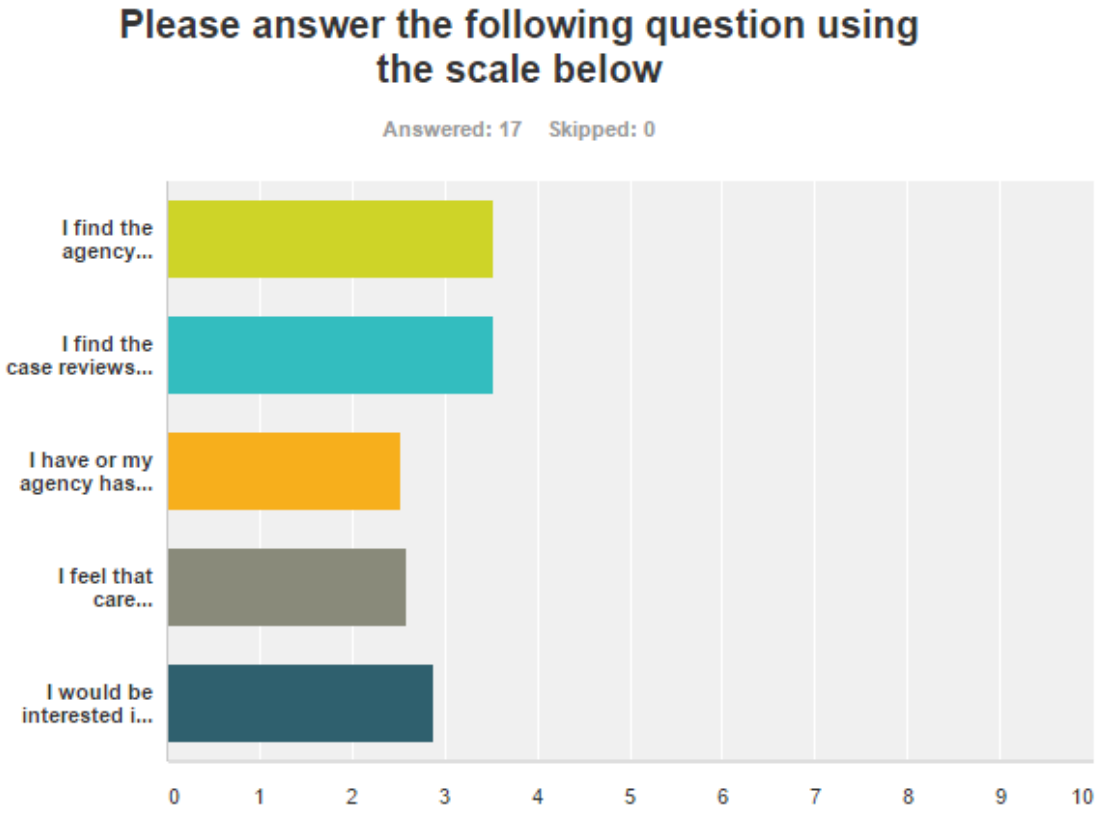
Case ID _____

Unshaded	Shaded	Total	PHN Care Plan/Consult ☐	Strike Team Case Review ☐	OCC3 for Kids Case Review ☐	Case Closed ☐
P1 ☐	P2 ☐	P3 ☐	Date:	Date:	Date:	Date:

6/23/15

Appendix F

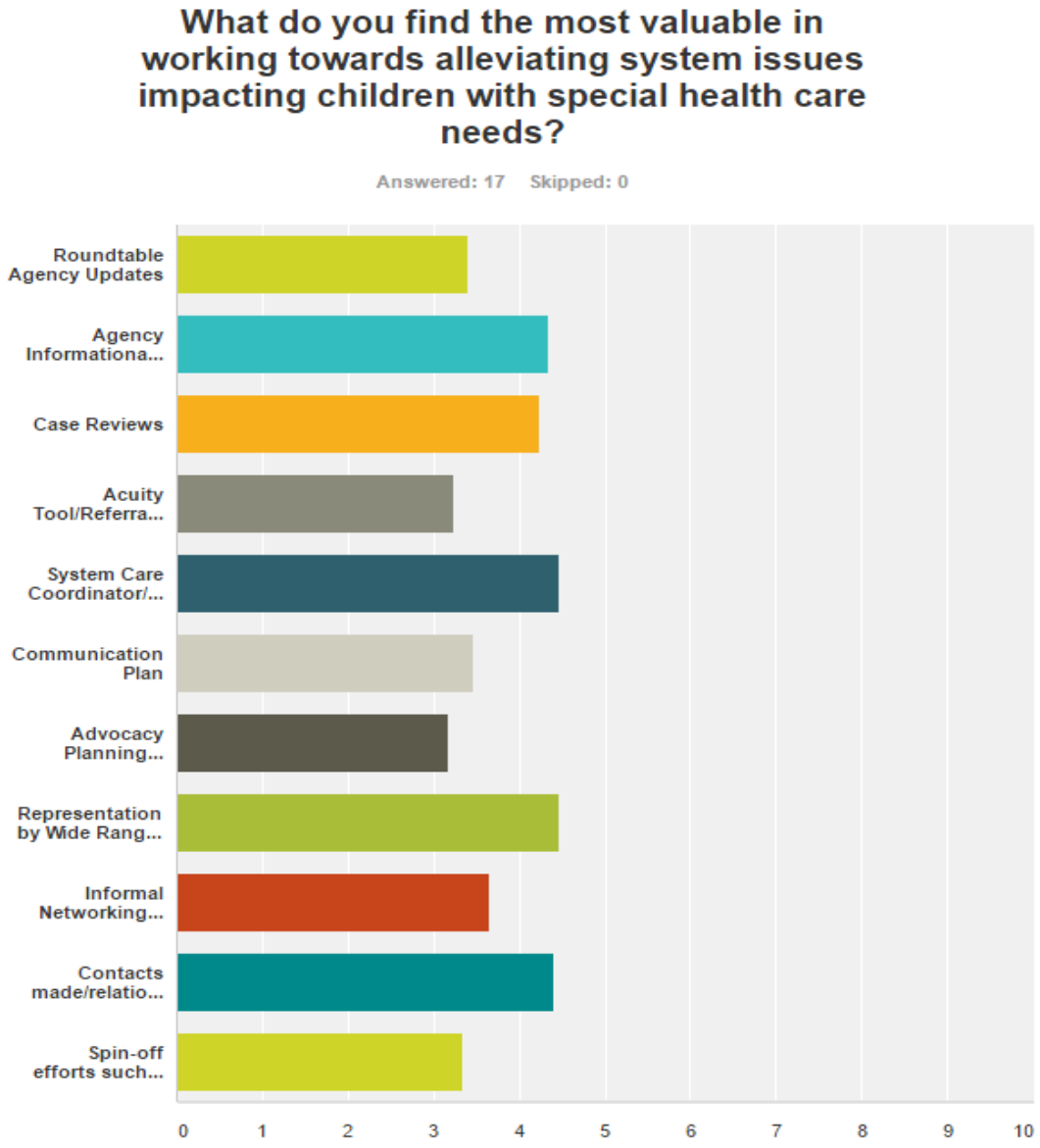
OCC3 Feedback Survey - Results



Appendix F

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total	Weighted Average
I find the agency presentations have increased my knowledge of how to access services for the clients my agency serves. (I.e.: Palliative Care; Cal Optima/Beacon Health Strategies; Bridges Maternal Health Network, The Center for Autism)	0.00% 0	0.00% 0	47.06% 8	52.94% 9	17	3.53
I find the case reviews presented are critical in identifying system wide issues impacting children with special health care needs	0.00% 0	0.00% 0	47.06% 8	52.94% 9	17	3.53
I have or my agency has shifted a policy or practice to improve care coordination/case management due to the information learned through my participation in OCC3 for Kids	0.00% 0	47.06% 8	52.94% 9	0.00% 0	17	2.53
I feel that care coordination/case management has improved in my agency due to participating in OCC3 for Kids.	0.00% 0	41.18% 7	58.82% 10	0.00% 0	17	2.59
I would be interested in increasing my participation in OCC3 for Kids to work on one of the system wide issues impacting children with special health care needs.	0.00% 0	17.65% 3	76.47% 13	5.88% 1	17	2.88

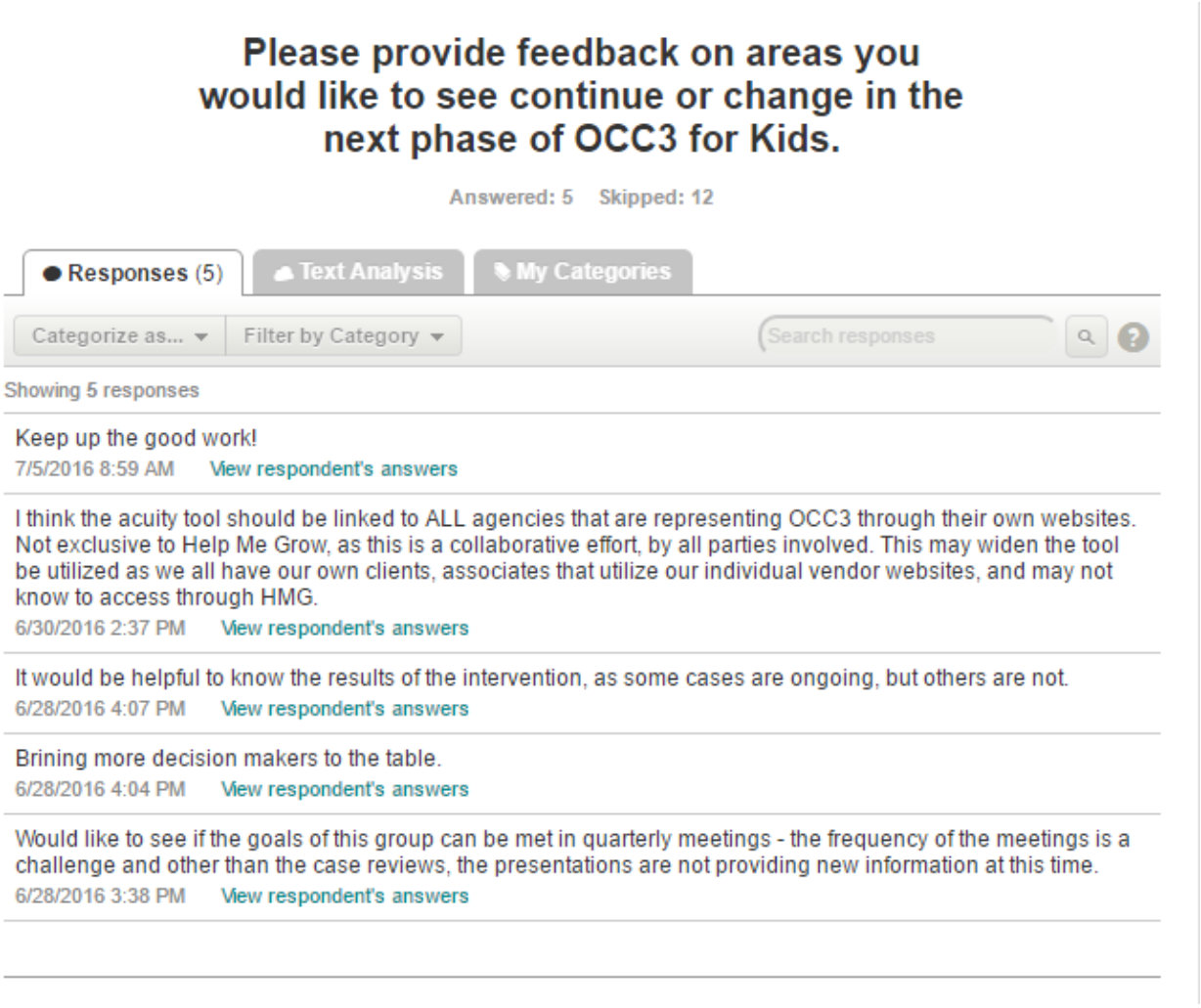
Appendix F


What do you find the most valuable in working towards alleviating system issues impacting children with special health care needs?
Answered: 17 Skipped: 0
Roundtable Agency Updates
Agency Informationa...
Case Reviews
Acuity Tool/Referra...
System Care Coordinator/...
Communication Plan
Advocacy Planning...
Representation by Wide Rang...
Informal Networking...
Contacts made/relatio...
Spin-off efforts such...
0
1
2
3
4
5
6
7
8
9
10

Appendix F

	Not Valuable	Limited Value	Valuable	Very Valuable	Total	Weighted Average
Roundtable Agency Updates	0.00% 0	29.41% 5	70.59% 12	0.00% 0	17	3.41
Agency Informational Presentations	0.00% 0	0.00% 0	64.71% 11	35.29% 6	17	4.35
Case Reviews	0.00% 0	5.88% 1	58.82% 10	35.29% 6	17	4.24
Acuity Tool/Referral Form for OCC3 for Kids	5.88% 1	35.29% 6	47.06% 8	11.76% 2	17	3.24
System Care Coordinator/Public Health Nurse	0.00% 0	5.88% 1	35.29% 6	58.82% 10	17	4.47
Communication Plan	5.88% 1	17.65% 3	76.47% 13	0.00% 0	17	3.47
Advocacy Planning meeting with Consultant from LPFCH	5.88% 1	35.29% 6	52.94% 9	5.88% 1	17	3.18
Representation by Wide Range of OC Agencies at Monthly Meetings	0.00% 0	5.88% 1	35.29% 6	58.82% 10	17	4.47
Informal Networking During and After OCC3 for Kids	5.88% 1	17.65% 3	58.82% 10	17.65% 3	17	3.65
Contacts made/relationships developed due to participation in OCC3 for Kids	0.00% 0	5.88% 1	41.18% 7	52.94% 9	17	4.41
Spin-off efforts such as the NICU working group	0.00% 0	41.18% 7	41.18% 7	17.65% 3	17	3.35

Appendix F



Please provide feedback on areas you would like to see continue or change in the next phase of OCC3 for Kids.

Answered: 5 Skipped: 12

Responses (5) | Text Analysis | My Categories

Categorize as... | Filter by Category | Search responses

Showing 5 responses

Keep up the good work!
7/5/2016 8:59 AM View respondent's answers

I think the acuity tool should be linked to ALL agencies that are representing OCC3 through their own websites. Not exclusive to Help Me Grow, as this is a collaborative effort, by all parties involved. This may widen the tool be utilized as we all have our own clients, associates that utilize our individual vendor websites, and may not know to access through HMG.
6/30/2016 2:37 PM View respondent's answers

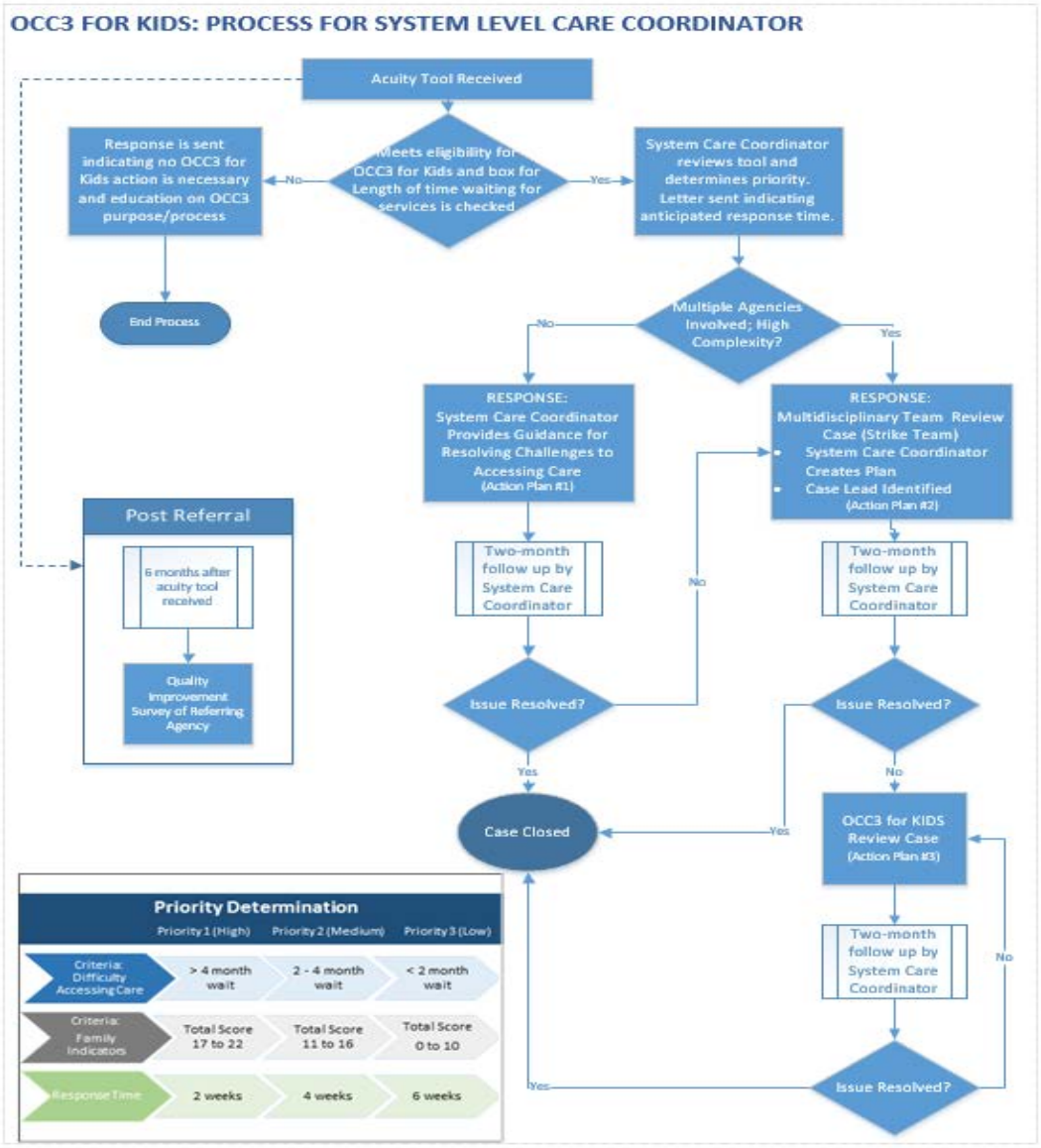
It would be helpful to know the results of the intervention, as some cases are ongoing, but others are not.
6/28/2016 4:07 PM View respondent's answers

Brining more decision makers to the table.
6/28/2016 4:04 PM View respondent's answers

Would like to see if the goals of this group can be met in quarterly meetings - the frequency of the meetings is a challenge and other than the case reviews, the presentations are not providing new information at this time.
6/28/2016 3:38 PM View respondent's answers

Appendix G

OCC3 for Kids Process for System Level Care Coordination



Appendix H

OCC3 for Kids Care Coordination Monthly Summary

OCC3 for Kids Care Coordination Monthly Summary Month _____

Monthly Overview

Number of Referrals Received _____

Number of cases not eligible for OCC3 _____

Number of New Referrals Reviewed by PHN-SLCC _____ (Action Plan #1) _____ (Action Plan #2–MDT meeting)

Multidisciplinary Review Team _____ Number of Cases

OCC3 for Kids Collaborative _____ Number of Cases

Systemic Care Coordination Issues		
Issue/Date	**Steps/Suggestion**	**Resolution/Result/Date**

Appendix I

Case tracking excel document

Case Number	Age of child	Insurance	Language	Ethnicity	Score from Referral	Priority	Reason for Referral	Agencies Involved time of	Care Coordination Needs	System Change Implicatio	Date	Action Plan	Activity Code(s)	Agencies Involved In Activity	Time Spent*	Outcome(s) Prevented Occurred	Connected to PCP (PHN	Date Follow-Up	Follow-up Outcomes	Resolved or Unresolved

Appendix I

Insurance	**Reason for Referral to Interagency Coalition**	**Action Plan**	**System Change Implications**
1. Medi-Cal			
2. Cal-Optima	1. Mental Health	1. PHN recommendations/guidance given	Qualitative
a. AltaMed	2. Developmental / Behavioral	2. Multidisciplinary Team	
b. AMVI Care	3. Educational / School	3. County Collaborative (OCC3 for Kids)	**Outcome(s)**
c. Arta Western	4. Legal / Judicial		
d. CalOptima Community	5. Growth / Nutrition	**Interagency Activity to Fulfill Needs**	Qualitative
e. CHOC Health Alliance	6. Referral Management	(choose **all that apply**)	
f. Family Choice	7. Clinical / Medical Management		1. As a result of this PHN CC and/or interagency activity, the following was **PREVENTED**:
g. Kaiser	8. Social Services (ie. housing, food, clothing, ins., trans		
h. Monarch Family		1. Telephone discussion with:	
i. Noble Mid-Orange		2. Electronic (E-Mail) Contact with:	2. As a result of this care coordination activity, the following
j. Prospect	**Agencies involved**	3. Confer with Primary Care Provider	**OCCURRED**:
k. Talbert	1. CCS	4. Develop / Modify Written Action Plan	
l. United Care	2. Medi-Cal	5. Written Report to Agency:	3. Follow-up Outcomes
3. CCS	3. Primary Care Provider	6. Written Communication	
4. Private Insurance: List type	4. Specialty clinic	7. Patient-focused Research	
	5. Public Health Nurse	8. Meeting/Case Conference	**Resolved**
Language	6. Regional Center	9. Contact with Agency to engage in CC activities	
1. English	7. HR Infant clinic	10. PHN Care Coordinator documenting case notes	Resolved
2. Spanish	8. Specialized therapies	11. Lead agency identified	UP: Unresolved Pending
3. Vietnamese	9. Education		UC: Unresolved Closed
4. Other: specify	10. Mental Health		
	11. Social Services Agency	**Time Spent**	
Priority	12. Foster Care		
	13. Community Agency (specify)	1 – **0 to 7** minutes	
1 = > 4 month wait OR score 17 to 22		2 – **15** minutes	
2 = 2 – 4 month wait OR score 11 to 16	**Care Coordination Needs**	3 – **30** minutes	
3 = < 2 month wait OR score 0 to 10		4 – **45** minutes	
	Qualitative	5 – **60** minutes	
Age		6 – **61** minutes and greater*	
<3 years old, list in months of age		(*Please NOTE **actual minutes**	
>3 years old, list in years of age		if greater than 60)	

Appendix J

OC C3 for Kids Needle Moving Results

A. Operating Principles	Low		Medium		High	# of Respondents
1. Commitment to long-term involvement	1	2	5	5	3	16
Post			1	2	9	12
Jun-16			2	7	7	16
2. Involvement of key stakeholders across sectors	4	2	7	2	1	16
Post				2	10	12
Jun-16		2	2	8	4	16
3. Use of shared data to set the agenda and improve over time	12	4	1	0	0	17
Post			2	4	6	12
Jun-16		2	5	7	2	16
4. Engagement of community members as substantive partners	1	5	8	1	2	17
Post				3	9	12
Jun-16			3	6	7	16
B. Characteristics of success	**Low**		**Medium**		**High**	
1. Shared vision and agenda	5	5	6	1	0	17
Post			1	5	6	12
Jun-16			3	7	6	16
2. Effective leadership and governance: keeping decision makers at the table	6	2	8	1	0	17
Post			1	4	7	12
Jun-16			2	8	6	16
3. Alignment of resources: using data to continually adapt	12	3	2	0	0	17
Post			3	6	3	12

Jun-16			10	5	1	16
4. Dedicated staff and appropriate structure	0	4	3	0	0	7
Post				3	6	9
Jun-16			1	5	5	11
• ***Convening***	3	5	6	0	0	14
Post			2	3	6	11
Jun-16			3	5	8	16
• ***Facilitation***	5	6	4	0	0	15
Post			1	4	6	11
Jun-16			3	6	7	16
• ***Data collection***	7	4	4	0	0	15
Post			1	6	5	12
Jun-16			4	8	4	16
• ***Communications***	5	3	5	0	0	13
Post				5	7	12
Jun-16			5	5	6	16
• ***Administration***	7	4	5	0	0	16
Post			1	3	8	12
Jun-16			6	5	5	16
5. Sufficient funding: targeted investments	11	2	4	0	0	17
Post			1	5	3	9
Jun-16			11	1	2	14

C. Ability to Thrive	Low		Medium		High	
1. Increasing the visibility and legitimacy of collaborative work	6	4	4	2	0	16
Post			4	5	3	12
Jun-16			8	6	2	16
2. Supporting policy and system change	6	5	5	0	1	17
Post			4	4	3	11
Jun-16			7	7	2	16
3. Providing knowledge and implementation support	5	3	8	0	1	17
Post			4	2	6	12
Jun-16			6	5	5	16
4. Funding for infrastructure and implementation support	11	6	1	0	0	18
Post			4	4	2	10
Jun-16		2	8	4	2	16
5. Pushing for greater community partnership	4	3	8	0	1	16
Post			2	3	7	12
Jun-16		1	4	4	7	16

Appendix K

OCC3 for Kids Communication Plan

COMMUNICATIONS PLAN

- GOAL
  - Improve the system of care for children in Orange County with special health care needs
- TARGET AUDIENCES
  - Public Health Nurses
  - School Readiness Nurses
  - California Children's Services Senior Public Health Nurses
  - CHOC Primary Care Clinic Inpatient Case Managers & Outpatient Care Coordinators

	Public Health Nurses	School Readiness Nurses
Objective	Increase the number of referrals to OCC3 for Kids using the acuity tool to 4 per month by June 2016	Increase the number of referrals to OCC3 for Kids using the acuity tool to 2 per month by June 2016
Target Audiences	Program managers for Maternal Child Nursing, Foster Care, Perinatal Substance Abuse, Nurse Family Partnership (teen mom program)	All School Readiness Nurses across Orange County
Ask	Refer to OCC3 for Kids	Refer to OCC3 for Kids
Barriers	• Don't believe OCC3 for Kids will make a difference • Culture of PHNs is that "we take care of it ourselves"	• Lack of knowledge about OCC3 for Kids • Don't believe that referring will make a difference
Messages	• Referring to OCC3 for Kids will improve the lives of the children and families referred • OCC3 for Kids is complementary to PHN services, and referring to OCC3 for Kids is *part* of case management, not duplicative or a replacement	• By referring to OCC3 for Kids, SRNs will improve their effectiveness in serving families • OCC3 is a resource for SRNs
Messengers	Madhere Negash Pat Orme Robyn Baran	• Dawn (SRN who has referred) • Need to identify other champions among SRNs

	Public Health Nurses	School Readiness Nurses
Communication Activities	• Have a standing item at quarterly staff meetings for presentation/updates on OCC3 for Kids • Monthly reminders in the weekly newsletter • Invite different PHNs to OCC3 for Kids monthly meetings to observe and engage • Develop and implement a survey of the PHNs by the end of March 2016, in order to pique their interest in OCC3 for Kids. Survey would inquire about what issues they are seeing out in the community • Madhere Negash to present OCC3 for Kids referral tool at the supervisor's meetings • One-on-one consultations by Robyn with PHNs as needed/appropriate	• Weekly updates to SRNs identifying those who referred – Dian/Robyn • Put the Acuity Tool on the SRN website by February 2016 • Present OCC3 for Kids/Acuity tool and updates at quarterly SRN meetings • Prepare one-page handout/communication tool • Champions share their experience using the acuity tool and OCC3 for Kids' assistance (Dian, 2x per year) • Present OCC3 for Kids/acuity tool and updates at Specific/Regional meeting 2x per year (Dian and referring SRN)

	California Children's Services Public Health Nurses	CHOC Primary Care Clinics
Objective	Identify four NICU/CCS graduates per month who are at-risk but are not CCS-eligible (either at discharge or the week or so before when they lose their CCS-eligibility) by June 2016	Increase the number of referrals to OCC3 for Kids using the acuity tool to 2 per month between March and June 2016
Target Audiences	Senior Public Health Nurses (CCS pool of nurses)	• Inpatient case managers • Outpatient care coordinators • Primary care physicians
Ask	Identify at-risk NICU/CCS grads and refer to OCC3 for Kids	Refer to OCC3 for Kids
Barriers	Workload – one more thing for a stressed audience to do	Understanding the positive impact OCC3 for Kids can make
Messages	• Referring to OCC3 for Kids will nurture children and prevent malnutrition • Referring to OCC3 for Kids will reduce stress because it will reduce the number of calls from families/vendors seeking unavailable CCS help	• OCC3 for Kids supports CHOC's goal of providing excellent coordinated care • OCC3 for Kids brings together multiple organizations serving CSHCN so that cases brought to OCC3 for Kids have the benefit of the expertise of each organization to help solve challenging cases
Messengers	• CCS Nursing Supervisors (Cheri, Cesar, Patti) • Dr. Nguyen/Dr. Lujan	• Karen Pugh to case managers and care coordinators • Dr. Tupas to primary care physicians

	California Children's Services Public Health Nurses	CHOC Primary Care Clinics
Communication Activities	• Meet with Nurse Supervisors (Cheri, Cesar, Patti) within 8 weeks (T-Th) or about March 11, 2016 • Create guidelines within 12 weeks or about April 8, 2016 • Identify a liaison from among nurses by using Performance Improvement Plan (PIP). The Nurse Supervisor will identify the liaison, which may be a Nurse Supervisor or a CCS PHN	• Develop and test an electronic referral aligned with the acuity tool by March 31, 2016 • Present to case managers/care coordinators again, and show them how to use the electronic referral by April 2016 • Bring case managers/care coordinators to OCC3 for Kids meetings to observe and participate, beginning in April 2016 • Have these case managers/care coordinators that attend OCC3 for Kids report out at the staff meeting the following week on lessons-learned at OCC3 for Kids • Put information about OCC3 for Kids on "PAWS", CHOC Associate website • Provide success stories about how OCC3 for Kids helped children/families at CHOC Primary Care Clinics