

**Medical Home Leadership Networks Team Workplans and Activities
June 2008**

For county team contact info, go <http://www.medicalhome.org/leadership/teams.cfm>

Team	d o n e	C H N	Focus	Activities	Comments
Adams	√	√	Improved screening for infants and young children with developmental delay in the provider practice	<ul style="list-style-type: none"> Buy English version of Ages & Stages Questionnaire to be placed in local clinic practice. Orient providers to use. 	<ul style="list-style-type: none"> Last year gave ASQ & oriented other major provider of service in county to its use; all practices will have ASQ available for use.
Benton-Franklin	√	√	Improve functioning of medical home team, add medical advisor, increase provider awareness of CSHCN	<ul style="list-style-type: none"> Regular quarterly team meetings, obtain feedback from local physicians Recruit new medical advisor to team Continue to distribute CHNs to local providers who children; send feedback survey & evaluate feedback 	Benton-Franklin is one of two pilot sites for WA DOH's Epilepsia en Washington grant looking at how to improve care for children with epilepsy in Spanish-speaking families living in rural communities.
Clark	√	√	Improved connection between parents, providers of services to CYSHCN and community resources with the use of a flip chart community resource guide	<ul style="list-style-type: none"> Work with SELF (Support for Early Learning and Families) organization (collaboration of many local agencies/groups) to develop a flip chart style resource guide Committee will meet 1-2 month to design guide and will use as a template similar guides already produced in WA by counties for CSHCN 	Pat Shaw just promoted- in process of hiring another CSHCN coordinator to take her place
Cowlitz	√		Develop a community medical home for children in foster care	<ul style="list-style-type: none"> Develop an effective strategic plan with community partners to improve coordination, accessibility, and quality of health care services for children in county. Convene planning committee with reps from DSHS foster care, public health nurses, and mental health providers. Develop a training program so that will all foster care case-workers and pediatricians will understand the needs of medical home for children in foster care, deadlines for obtaining initial health eval and well child exam, plus obtain all needed release of info docs for full exchange of info. 	<p>Expected outcomes: all children receiving services in the foster care system will receive an Initial Health Evaluation with 72 hours of placement and will receive a Well Child exam (EPSDT) during the first month of placement.</p> <p>Dr. Cavens' Child and Adolescent Clinic has been awarded \$100,000 to develop a Center of Foster Care Health in Cowlitz (one of 3 sites in WA).</p>

				<ul style="list-style-type: none"> • Develop a training program for foster care workers and peds so there is a co-managed, coordinated, comprehensive treatment plan for each child in foster care and the child is engaged in an implemented treatment plan including all mental health services • Enhance the capabilities of FamLink, the computer database used by DSHS Children’s Administration so that roster of children in foster care and Medical Home care can be tracked. 	
Garfield	√	√	Increased involvement & commitment of team members and partners. Increased involvement with providers.	<ul style="list-style-type: none"> • Promote ongoing collaboration between members of team and medical community focusing on forming our “medical home”-hold local meetings • Start doing Child Health Notes which will increase contact with providers and give providers a resource for families. 	Collaboration with local hospital
Grant	√	√	Planning Information Community Education & Team Building	<ul style="list-style-type: none"> • Update 25 notebooks to disseminate • Strategic planning meeting with core team and logistical team to share ideas • Program Picture Frames with information for families that can be hung in doctors’ offices 	
King #1	√	√	Provider education and outreach	Send customized Child Health Notes quarterly to all pediatricians in the King County Medical Society, Sea-King Public Health Providers, & Community clinics	<p>CHN on KC website at: www.metrokc.gov/health/cshcn</p> <p>Beautiful color graphics</p>

King #2— Odessa Brown Children’s Clinic	√	---	Many Odessa Brown patients have complex medical needs. Some are further complicated due to social and economic issues. We plan to identify these children and to help them and their families by providing planned chronic disease management visits and care coordination.	<ul style="list-style-type: none"> Identify CYSHCN through the use of CRG software on Children’s Hospital data and a crossmatch of hospital and Odessa Brown medical record numbers, then check accuracy with primary care providers. (We expect to identify 50-100 patients with very complex needs. We plan to conduct this process yearly and to identify an additional 10-15 patients per year.) Identify CYSHCN who do not use Children’s Hospital through referrals by Odessa Brown providers and staff (20-40 pts) Track identified children using a CDEMS registry (free software supported by WA Dept of Health and used by many clinics in WA Learning Collaborative 	<p>Eventual goal is to have a designated care coordinator on staff. This person will need help identifying resources for patient families. Also, planning to institute planned chronic disease management visits, but are not sure yet how they will document these. Any examples form other clinics would be very helpful.</p> <p>Also interested in adding parent(s) to their team.</p>
Kitsap	√	√	Addresses lack of community resource info for families with CSHCN and their PCPs	<ul style="list-style-type: none"> Customize and mail Child Health Notes to PCPs; customize additional set of CHNS specifically to parents and distribute to PCP offices Targeted outreach lunchtime presentation to PCP office staff – develop presentation & materials. Update & maintain resource packets for distribution to PCP offices and families so pediatric and family practice clinics will have access to concise, user-friendly info on resources pertinent to families 	
Kittitas	√		Access to preventive & therapeutical dental services for 2 target pops-pregnant women and children with special health care needs	<ul style="list-style-type: none"> Create and display informative dental appointment reminder cards for pregnant women at local medical clinics, OB-GYN, and pediatric offices. Include resources in dental appointment reminders for CSHCN (list of local special needs dental providers and supply of CSHCN bookmarks or brochures) Integrate MHLN team into Oral Health Coalition to strengthen MHLN team membership and increase diversity & # of MHLN team members 	Local dentist will be piloting the cards this summer which have been designed and translated into Spanish as well
Lewis	√	√	Increased public awareness and	<ul style="list-style-type: none"> Distribute materials about medical home 	<ul style="list-style-type: none"> Working with ICC and Early

			collaborative effort of doctors	by 1) going to doctors offices 2) put in Parent to Parent newsletter Host event for doctors that includes minimum expectation of providing a medical home	Childhood Development program at local college to try to cohost fall event/conference with others. Conference will be partly about medical home, and partly other relevant topics. <ul style="list-style-type: none"> Send CHNs electronically as part of Parent to Parent newsletter: www.reliableenterprises.org/ChildHealth.html
Pierce	√		Autism screening	Provide training at a lunch meeting where invited pediatricians, FP, ARNS and office staff will be introduced to how to administer and score the MCHAT. Dr. Tripp will present the information on the MCHAT for autism screening. Will measure success through completed MCHATs accompanying referrals to Mary Bridge and Early Intervention Services.	AAP now recommends using a screening tool for autism at 18 and 24 month well child checks.
Skagit	√		Increase parent/family access to information about child development and community resources through information in providers and agency offices.	<ul style="list-style-type: none"> Use public awareness contacts to identify 4 clinics and state agencies to locate 26" monitor/DVD player with media materials for early childhood information/education and resource presentation in waiting room Identify 1 or more clinics to locate and house 15" digital screen display of county resource info (develop & load powerpoint presentation on resources) 	Skagit Pediatrics is also one of the WA Medical Home Learning Collaborative pilot sites
Snohomish		√	Produce CHNs		Will submit workplan for 2008-09 Team reorganizing after recent retirement of long-time team members CSHCN Coordinator Anne Mitchell and ITEIP Program Manager Meg Voedisch. Parent needed to step back too to address family needs.
Spokane		√	Will continue to do CHNs		Spokane MHLN team MD Dr. Olson is involved with the WA Medical Home Learning Collaborative as Co-Clinical Faculty – his practice is also one of the 7 sites. Sacred Heart Children's Hospital where Dr. Olson is Medical Director has also received 1 of the 3 Center of Foster Care Health awards

Thurston			Community outreach		Dianna Morales, parent lead, very interested in helping families who have CSHCN plan for emergencies and supporting communication between specialists/hospitals and primary care. Interested in identifying a product to work on this next year.
Walla Walla	√		Supporting Children's Mental Health services and exploring options for greater collaboration opportunities and possibly expanding service options	<ul style="list-style-type: none"> • Compile web-based community mental health resource list of providers who serve preschool thru high school; (ask child serving orgs to submit info regarding their scope of practice; collaborate with Walla Walla County Early Learning Coalition in process of documenting local resources for kids; ID ways/opps to promote usage of shared info available on the web) • MHT and community partners look at options to expand services including telehealth consultations and training – explore funding options for telehealth with counties currently using the services and state agencies which have children's mental health promotion as a priority • Explore grant opportunities to fill mental health service gaps and improve stability/sustainability of resources 	Nora Bleth, CSHCN Coordinator and MHLN team coordinator has been working closely with Tory Henderson, WA State coordinator of the Partnerships for Promoting Children's Mental Health to identify resources and link to early childhood activities
Whatcom	√	√	Support PCP practices in providing a medical home to CSHCN (& adol), team goals include providing info and assistance to PCPs re: PC including dev monitoring, chronic care management including consultation and coordination with specialty care providers, coordination with community evaluation and intervention services, & family continuity and support.	<ul style="list-style-type: none"> • Continue Child Health Notes • local website – provide current information regarding chronic health and developmental conditions in early childhood • maintain continuation of pediatric specialty outreach clinics in Whatcom- Identify CSHCN related concerns; conduct family and provider needs assessments and facilitate community meetings and planning activities; • support activities of Early Childhood clinic in promoting early ID and intervention for kids 0-3. 	MHLN team public health nurses Margaret Jahn, ARNP and Melanie Hartley have been long-term LEND trainees at the UW's Center on Human Development & Disability. The focus of their project was maintaining continuation of pediatric specialty outreach clinics in Whatcom
Yakima					<ul style="list-style-type: none"> • Team membership will expand this year- recruiting PCPs and additional new members • Yakima is one of two pilot sites for WA DOH's Epilepsia en Washington grant looking at how to improve care for children with epilepsy in Spanish-

					speaking families living in rural communities.
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County teams or representatives currently participating just through the MHLN listserv: Chelan-Douglas, Clallam and NE Tri