Dear UCCCN members,

Here are your December 2017 resources of the month.

Announcements

We are looking for parents of complex children to be involved with our Spring Learning Session on March 23rd on the U of U campus. Please let us know if you know of some who might be interested and willing.

Brainstorming

Case #1 – Toni Estrada: update on soon-to-be homeless mom with past abuse, must move out on Jan. 1, undocumented, has a 6 yr old w autism. Some abuse shelters require "presently fleeing or recent."

Domestic Violence Shelters

Peace House, Park City. Dedicated to ending family violence and abuse through education, outreach, support services, and shelter. (MHP 11820)

Independent Living

LifeStart Village Affordable Housing, Family Support Center try again, no mention of abuse as criteria on website. (MHP 27968)

Shelters, Homeless

Family Promise (formerly Salt Lake Interfaith Hospitality Network) Must leave at 7 am, rotate churches. (MHP 10774)

The Road Home Housing Program: Progressive Engagement is the practice of Rapidly Rehousing households despite barriers, with minimal financial and support resources. Households are progressively engaged with more intensive financial and supportive services resources. This model allows households to maintain self-determination and receive the amount of support that helps end their homelessness. Shelter is supposed to have a couple beds for kids w autism at Midvale location; Gina has case manager's name. (MHP 10710)

Case #2, Heidi Bates: Identifying physicians for transitioning kids; has 30 year olds with no doctor; their pediatricians will retire. MH Portal survey to identify physicians received little response; can resume effort. Parents need to feel it's a good fit. Gina says best approach is to have personal contact w doctors, prepare questions, advocate for children. See the Medical Home Portal's Finding Adult Health Care and Advocacy/Finding Your Voice content pages.

Med-Peds Physicians (4)

Care Coordination Agencies

Neurobehavior HOME Program Meets medical and mental needs for people with developmental disabilities. Medical home services include primary care, psychiatric evaluations, medication management, counseling services, behavior support, and case management. (MHP 12921)

Case #3, Carrie Martinez: 14 yr old w traumatic brain injury, visual and cognitive impairment, Salt Lake area

Services for People with Disabilities

Division of Services for the Blind and Visually Impaired (DSBVI) Services for Children: Braille and Reading Instruction, Offers instruction in braille. Preschool Programs: Maintains vision screening clinics for preschool and kindergarten children throughout the state. Provides programs to help meet the needs of Utah citizens who are blind or have significant visual impairments including vocational rehabilitation, training, adjustment services (MHP 10741)

Brain Injury Alliance of Utah Provides education and support through facilitation of resources for the issues of prevention and recovery of brain injury (TBI). (MHP 10720)

Phoenix Services Funding for home care. Provides a full range of services: employment services, host home, new choices, resource facilitation, supported employment, supported living. Works with Brain Injury Alliance of Utah. (MHP 11875)

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Presentation

Pediatric Specialty Services (PSS) Connector Program, Primary Children's Hospital
Tomoko Tsukamoto, MSN, RN and David Robles, LCSW

A pilot program for a 2-year study, in its early stages
Staff: Colleen Marty, MD (30%), also works with Rainbow Kids, and Comprehensive Care Clinic; Christy Aubert, PA for Dr. Marty; David Robles (100%), Tomoko Tsukamoto (100%)

Criteria: 3 chronic conditions, high utilizer, a number of specialists. Exclusions: oncology, cystic fibrosis, organ transplant, spina bifida (as they have their own care coordination). Individuals may be inpatient or referred, often from the Comprehensive Care Clinic. Dr. Marty assesses cases for appropriate fit.

Connector program assures communication between PC, specialists, and insurance with family's needs and preferences of central concern. All insurance is accepted (no longer limited to Healthy U and SelectHealth). Find out patient's and family's needs, concerns, build strong ink with multiple providers … Shared plan of care –medically driven, includes family's preferences and goals. Do psychosocial assessment, phone calls. Tomoko can help fill orders, working, placing orders. Feedback from the group encouraged more and earlier communication (at admission and discharge, for instance) to help close the couple-day lag. If a patient of yours becomes enrolled in the Connector Program, they will contact you. (Connector Program slides available on request.)

Other

Our next meeting will be January 17th, 2018 at the Utah Parent Center. Here is our UCCCN YouTube Channel Playlist of 2017 archived meeting recordings, and here's the link to December's recording: https://www.youtube.com/watch?v=XcCGP_B8Wtw .

Wishing you a warm, safe and relaxing holiday season!

Tay & Mindy

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UCCCN Resources Dec 20 2017

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