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

Community Resources

Indicate Services (✔ check all that apply) Check if services are pending or client is receiving services

Family Resource Center ☐Pending ☐Receiving **Specify:**	**Early Childhood Education** ☐Pending ☐Receiving **Specify:**	☐School District/☐ OCDE ☐Pending ☐Receiving **Specify:**	**WIC** ☐Pending ☐Receiving **Specify:**
Help Me Grow ☐Pending ☐Receiving	**Child Protective Services** ☐Pending ☐Receiving **Specify:**	**Alcohol, tobacco and other drugs** (Referral for caregiver) ☐Pending ☐Receiving **Specify:**	**Other Community Resources** ☐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	☐ Gastroenterology	☐ Occupational Therapy	☐ Pulmonology
☐ Ear Nose Throat	☐ Mental Health	☐ Ophthalmology	☐ Speech Therapy
☐ Endocrinology	☐ Neurology	☐ Physical Therapy	☐ Surgery

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

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