



NH Special Medical Services

2013 AMCHP F3: Collaboration Reference Materials

Collaboration Scale

Please Rate 1-5 (1=low, 5=high) your experiences with collaboration among [_____].

- [_____] Have established a clear, shared sense of direction.
- [_____] Alternate who leads based on the challenges faced.
- [_____] Encourage and value each other's contribution.
- [_____] Communicate frequently.
- [_____] Communicate effectively: clearly, completely, concisely, concretely, and correctly.
- [_____] Are mutually accountable to specific goals.

Adapted from "Collaborative Partnerships: Key Features of Success, A Performance Rating Scale" by John A. MCLAughlin, Ed. D. and Katzenbach & Smith's "Team Basics"

Information & Referral Pilot Fields

Health Care Coordination (CC & NM)			Family Support Coordination (FS & AA)			Other SMS		
Unstable, complex medical condition: ER, hospitalizations	Uncoordinated health care, transition in health care	Significant medical needs: diagnosis, treatment, care info, and DME, health care \$ needs	Housing situation inadequate, unsafe/unhealthy for condition	Support needed or desired for Family: connect, rec, respite	Community resource and \$ info and connections related to condition impact	Need Nutrition (NFS), Child Development Clinic (CD), Psychological Consult (Psyc)	Potentially Qualifying Criteria & Health Condition for CC or FS?	Referred to:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NFS <input type="checkbox"/> CD <input type="checkbox"/> Psyc <input type="checkbox"/> No	<input type="checkbox"/> Yes, list <input type="checkbox"/> No <input type="checkbox"/> ?	<input type="checkbox"/> FS <input type="checkbox"/> AA Intake <input type="checkbox"/> CC/NM Other:
In? <input type="checkbox"/> CC <input type="checkbox"/> NM <input type="checkbox"/> No			In? <input type="checkbox"/> FS <input type="checkbox"/> AA <input type="checkbox"/> No					
Notes:			Notes:					

Formation of a Team

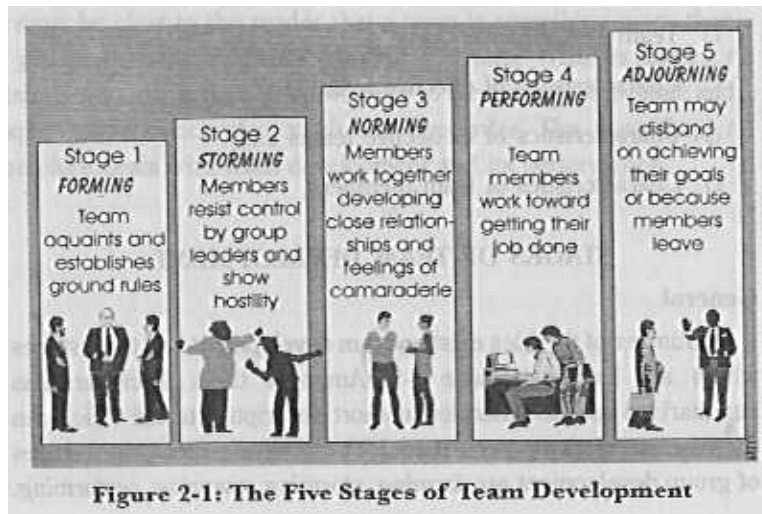


Figure 2-1: The Five Stages of Team Development

For More Information, Call NH SMS, Alicia M. L'Esperance, Kathy Cahill, and Elizabeth Collins at 603-271-4488

The mission of NH Special Medical Services is to identify and integrate supports that assist families, providers, and communities to meet the unique challenges of children and youth with special health care needs.