Community Care Team of the Southwest
Nurse Navigator Program
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The Community Care Team of the Southwest provides care coordination & navigation services to:
- Individuals and families with poorly controlled health conditions
- Those who also have barriers to accessing health care
- Families living in poverty
- Those who lack transportation
- Patients or caregivers with mental health issues
- And those who need help linking to community resources

History of Program Development
- Integrated Child Health & Senior Outreach programs funding ended 12/11
- CHAC recommendations
- 2 years of partnership development & community engagement
- RMHP became RCCO for Western Slope
- Agreed to fund if community match

Community Navigation Values ~ 2012
- Community-based program to serve all ages throughout the lifespan
- Public health RN's working with private practice providers and community
- Shared EMR access decreases barriers for CCT and for providers
- Community Compact developed with funding organizations

Community Navigation

Promotional Program
Care Coordination Services
Challenges

- Group well child care not sustainable
- Funding only guaranteed for one year, requiring more work
- Some providers difficult to reach
- Health Department down-sizing created conflicts & challenges

The client/family are at the center of all decision-making, with an eye on cost

Skills/core competencies

Safety

Culturally Sensitive

Relationship-Based Care

Use of Technology

Patient Experience