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**PROBLEM** Children with epilepsy are at higher risk of limitations on abilities, as well as having unmet medical and mental health (MH) needs. In OH 53.6% of youth with Special Health Care Needs (SHCN) are not receiving coordinated, ongoing, comprehensive care within a medical home. Data from studies of youth with special medical needs have documented that around 60% of these children do not receive transition services.

**GOALS AND OBJECTIVES**

**Goals:** To improve care coordination; provide patient and family education; access early mental health screening; and increase family and patient engagement.

**Objectives**

1. Create a Care Coordination Clinic that will improve effectiveness and efficiency for youth with epilepsy and their families.
2. Create a Transition Clinic using the six core elements of health care transition identified by the National Healthcare Transition center.
3. Increase knowledge about epilepsy and epilepsy care for families and youth with epilepsy.
4. Provide a bullying prevention program for CYE.
5. Increase social support for youth with epilepsy and their families.
6. Disseminate the MH and epilepsy toolkit to professionals in epilepsy care and family members of Children with Epilepsy (CYE).

**METHODOLOGY**

The following activities will be conducted to attain the objectives: (1) **Care Coordination Clinic.** Activities will include: access for care; counseling on how to adapt to the diagnosis, for parents and child; information on where to find resources; and information for other needed services. (2) **Transition Clinic.** Using the Six Core Elements benchmarks and HRSA Youth Transition Toolkit, goals will be reviewed and tasks will be set for the coming year. (3) **Educational webinars for families.** Use of technology will provide frequent, ongoing sessions free of charge. Families from rural and underserved areas will be able to access up to date information on epilepsy, coping and MH. (4) **Bullying prevention for CYE.** This innovative, computer-based program was pilot tested in the previous HRSA grant. Partnering with the Ohio Suicide Prevention Foundation (OSPF), the program will be made available nationwide for CYE. (5) **Facebook groups:** Using social media, it will be possible to provide social support for CYE and family members in rural or underserved areas. (6) **Disseminate Mental Health and Epilepsy Toolkit** to professionals, families; it will be made available free of charge in electronic form.

**COORDINATION** will include Title V, OSPF, Begun Center and Prochange, to improve care for OH CYE and their families.

**EVALUATION** will be primarily comparing the number of persons enrolled in one of the grant activities to the established targets. In addition, pre-post comparisons will be made for patients participating in the Care Coordination and Transition Clinics using measures embedded in The Knowledge Program, an electronic health records information system. Comparisons will also be made between scores for patients who attend the specialized clinics and those who do not. Evaluation for the webinars will ask participants to complete brief post-webinar surveys. Bullying prevention evaluation will be accomplished by tracking progress across the three sessions. Facebook group members will be recruited to report increased feelings of social support. Toolkit evaluation will consist of compiling user-generated feedback.

**ANNOTATION.** The main goal of this project is to improve the CARE for CYE and their families, establishing a medical home, transition clinic, webinars and Facebook groups, while disseminating a bullying prevention intervention and a mental health and epilepsy toolkit created in a previous HRSA grant.