

The Nuts and Bolts of Building Community-Based Service Systems for CYSHCN

Presenters (in alphabetical order)

Diane Behl, Champions for Inclusive Communities

Anna Cyr, Maine CSHN Family Leader

Eileen Forlenza, Colorado Health Care Program for CSHCN

Harper Randall, Utah CSHCN Bureau

Toni Wall, Maine CSHN Program

Moderator: Diana Denboba, Integrated Services Branch, DSCSHN, MCHB

AMCHP 2010
March 7, 2010
Washington, DC

Session Objectives

- ✿ **Define a “community-based service system”**
- ✿ **Understand our systems change as developmental process**
- ✿ **Learn value of learning community model**
- ✿ **Apply process to your own state**

What Brought You to This Session?

* **Our Skill Building Format:**

- * **Interactive**
- * **Small group hands-on application**
- * **Sharing successes and challenges**
- * **Take-home action plan ideas**

What is a Learning Community?

- ✿ **A diverse group of people working together**
- ✿ **To nurture and sustain a knowledge-creating system,**
- ✿ **Based on valuing:**
 - ✿ **Research**
 - ✿ **Capacity-building**
 - ✿ **Practice**
- ✿ **The result is new theory and method, new tools, and new practical know-how.**

Senge, P., & Scharmer, O. (2001). Community action research: Learning as a community of practitioners, consultants and researchers. In P. Reason & H. Bradbury (Eds.), Handbook of action research. London: Sage.

Our Learning Community Consisted of...

- ✿ **Three states:**
 - ✿ Colorado as “guide/mentors”
 - ✿ Utah and Maine as partners
- ✿ **ChampionsInC as facilitator/technical assistant**
- ✿ **AMCHP as resource partner**
- ✿ **What brought us together?**
 - ✿ Common goal
 - ✿ State-specific needs

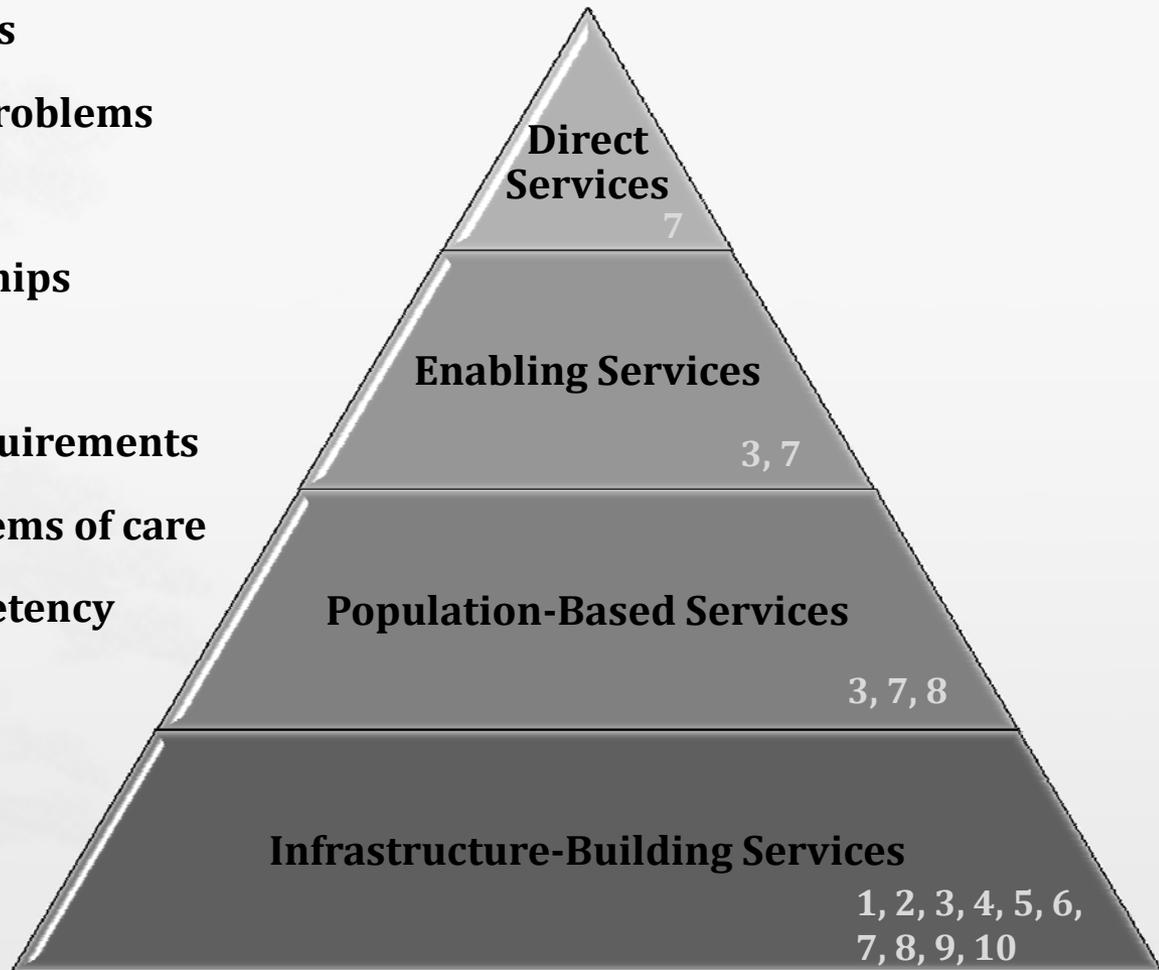
What is a Community-Based System of Services?

Services are organized so families can use them easily

- * **Provided in communities, fitting with family routines**
- * **Strengthens community capacity, such as:**
 - * **Medical homes in collaboration with other services and supports**
 - * **Creative financing (e.g., blended funding, public-private partnerships)**
 - * **Care coordination, inter-agency applications, care plans**
 - * **Coordinated screening and monitoring across programs/providers**
 - * **Community-based resources to support transition**
- * **Based on MCH pyramid and supports core public health functions:**
 - * **Resource development & outreach, such as family leaders**
 - * **Public information (i.e., service directories, importance of screening)**
 - * **Technical assistance, training to community providers**
 - * **Mobilizing community partnerships**

Defined by MCH Pyramid & 10 Public Health Services

1. Assess and monitor MCH status
2. Diagnose/investigate health problems
3. Inform and educate the
4. Mobilize community partnerships
5. Provide leadership
6. Promote and enforce legal requirements
7. Link and assure access to systems of care
8. Assure the capacity and competency workforce
9. Evaluate effectiveness
10. Support research



Our Systems Change Process

(soon to be posted on ChampionsInC.org)

- ✿ **Step 1: Inspiring a shared vision**
- ✿ **Step 2: Engaging other strategic partners**
- ✿ **Step 3: Assessing your communities and infrastructure**
- ✿ **Step 4: Developing a plan and budgeting**
- ✿ **Step 5: Implementation**
- ✿ **Step 6: Measuring outcomes**



**Systems Change Takes Time...
a Lot of Time!**



Utah's Reasons

- ✿ **Move our bureau down the MCH Pyramid**
- ✿ **Financial**
 - ✿ **Dramatic decrease in State funding for clinics**
 - ✿ **Funding for clinics cut by $\frac{3}{4}$ over two years**
 - ✿ **Flat Federal funding**
 - ✿ **Rural clinics more costly**
- ✿ **Sustainability of clinics**
 - ✿ **Need for multispecialty diagnostic clinics in rural Utah**

Utah's Timeline

Spring 2008: Meet with Colorado and Maine

Fall 2008: Develop CSHCN stakeholders work group;
revise vision and mission, develop strategic plan

Winter 2008: Develop and distribute provider surveys

Summer 2009: Remote focus groups

Fall 2009: Summarize findings; develop clinic restructuring
plan

Winter 2009: Plan eventually not accepted due to politics

Now: Redeveloping plan: continuing relationship building with
rural communities: further identifying community
resources

Maine's Reasons

✿ **Declining Revenue**

- ✿ **Overspending budget**
- ✿ **Health care costs continuing to rise**

✿ **Desire to move beyond condition specific requirements to the broader population**

✿ **Desire to move to a public health model— incorporating the 10 essentials of public health**

Maine's Timeline

- * **July 2005:** Elimination of many specialty Clinics (\$250,000)
- * **January 2006:** CSHN merges with Genetics
- * **July 2007:** Program closed to new applicants; budget overspent
- * **November 2007:** MaineCare Member Services joins CSHN
- * **March 2008:** Begin process of prioritizing existing clients
- * **July 2008:** New Vision and Mission; FY09 over budget by \$200,000
- * **July 2009:** Begin develop. of Partners in Care Coordination
- * **Dec 2008:** End of Developmental Evaluation Clinics (\$220,000)
- * **July 2009:** End of Cerebral Palsy Clinics (\$18,000)
- * **Nov 2009:** Sent care coord. letters to SSI & birth defects families
- * **December 2009:** Back on track with vision and mission
- * **January 2010:** Partners and Care Coordination brochure complete

Colorado's Reasons

- * **You always learn from other states. Every state has strengths**
- * **Colorado was overdue for a review of systems development and change with local contractors**