

**AMCHP Annual Conference, 2010**

**Moving Ahead Together:**

**Celebrating the Legacy, Shaping the Future of Maternal and Child Health**

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

March 6-10, 2010

UNKNOWN SPEAKER: While we are waiting don't forget you have evaluations in your packet, please complete them and your CEU's the form is live online so if you need to go and complete those, they're ready.

UNKNOWN SPEAKER: I don't want to spend a lot of time on this slide because it's all there for you to read. The only piece that I really want to talk about is again building on the existing coalitions that already exist. It's arrogant and offensive for the state or anybody at a top down kind of persona to come into a community and pretend that we know better than the community, so I just want to drive that point home. And when communicating with families too, part of that coalition building is to not only connect with individual families but to connect with family led, family run organizations such as your family to family, your local family voices chapter, parent to parent, your education all of those that happen, even your PTA's your Girl Scout troops all of that because those communities will then lead you into bigger circles as well. This...the implementation gets difficult at this level because as we have said earlier transitioning staff who like looking in kids ears and doing weights and heart beats and all of that sort of thing all of a sudden they have to run meetings on infrastructure? It's a little different.

And so you're really at your role in the state level and as a team is to really support that clinic based staff in their transition. Two steps that we did to do that at the very early stages we brought the...all the local offices together and we did a presentation I called the silver lining and we worked through a lot of what are the positives of this? And then at this phase we did another one and I did an analogy of Aladdin...it's a whole new world...blah, blah, blah...we're going through and it's important to really hone in on that and to let the emotion be real because that's an important part of implementation is really owning the grief and owning the emotional transition. The community champions will be uncovered in this time and I'll tell you what, we had a lot that just came out of nowhere again and our faith-based communities, a lot of our recreation centers, the schools, everybody kind of stepping in and saying this is a part that we want to do and that we can do. So be clear on that that the role of Title V often is the convener, it's not always the doer and don't be afraid to admit that. The most important part of our implementation is we just went down to two areas. We focus on care coordination and we focus on local systems building. From Title V with our five national outcome measures we've framed everything under outcome number two which is medical home that we will build a medical homes system and under that then we have focused primarily on care coordination because that's really family centered and that will bring everybody together and local systems. And so we muddled through a lot of the other stuff to work through that.

UNKNOWN SPEAKER: And so as I mentioned before we're not where we thought we'd be but I can't emphasize enough how important this assessment process has been in

really starting to understand what is and what is needed. It's just so valuable on its own. I'm not presuming that you understand those needs of the communities. Also it's allowed our bureau to be more prepared and ready to act when times are better, when there are fewer constraints and it's really encouraged us and really forced us to think outside the box. So people are really interested in tele-medicine because they now understand that that's something that's going to sustain those clinics and so they're ready to get on board and not just sort of parking lot that project. And then lastly it's also allowed us to promote strategies. One of the programs we have in Utah, it's called Utah Clicks and you click and you go to it and it's an application process web-based that allows people to apply to all of the programs that are available to find out about them and put in an application and then someone from that program contacts them, so again getting additional word out about how to provide access and let people know what we have to offer.

UNKNOWN SPEAKER: One other thing that's cool with Utah Clicks is that that information that families enter online it gets sent directly to their community level agency folks and so it really is connecting families with the services in their community.

UNKNOWN SPEAKER: So, we've taken a slightly different approach to implementation. Implementation we look at it as two things. It's internal and external and externally it's been great being able to implement this. Families are eager to help support it. Anna's been great getting the F2F's to help, getting the family advisory counsel, so externally it's been a great process. Internally implementing this has been very difficult. Staff are

mired in what they used to do and find it very difficult to move forward. They still as I mentioned before we came from many separate programs and we all work, well I work for Maine Newborn Hearing or I work for the Newborn Blood Spot, not understanding that you really work for kids with special health needs and you have one little unit underneath that so you're identifying kids with special health needs but they're going up into the bigger umbrella. So again I can't emphasize enough having a vision and mission statement do provide direction for people. They understand where they're going and it wasn't overnight. It took about a year for people to finally go oh; I work for kids with special health needs. I just happen to specialize in newborn blood spots screening. We're working on our own logo for kids with special health needs. Again Eileen has emphasized the importance of that. Our brand will not supersede any of the program brands like newborn hearing has the little kid with an ear and the Maine...not birth defects, Maine Blood Spot has the heel. So we're not going to get rid of those because they're already known for those programs. We just created our new partners in care coordination. We are...we have come to the determination that care coordination is the way to move, it's the place to move into, it can provide the most services for the most people. We got that from Colorado, how they made that move. And really developing a measurement system. I also want to say that one of the other ways that we're building implementing this within our staff is that our website again we took this from Colorado is families, providers and community resources. Every single program under kids with special health needs has those three areas. And finally how we answered the phone. Instead of saying Maine Newborn Hearing its Kids with Special Health Needs Newborn Hearing section so people know they're at the Kids

with Special Health Needs they work for Kids with Special Health Needs, they just as I said happen to be an expert in one particular area. And finally, designing our integrated tracking and surveillance system is...has brought us all together to recognize that we need to integrate those kids into one system and that as they are identified through birth defects or newborn blood spot that they move through the care coordination program and that we'll be able to track them through follow up.

UNKNOWN SPEAKER: One of the important aspects of implementation is the role of building effecting community coalitions and one of the resources that Champions has on our website you've got the link here, below, is a review of the literature, we looked at the literature pertaining to what makes effective community coalitions and have a facts sheet on there. Essentially it's that use of a continuous quality improvement process to guide those activities of partnerships, plans, implementation, measurement and monitoring, at a community level. Kind of what we've been talking about at a state level and in particular how do you grow that in your communities? So now we're going to go on to our final step.