



The Importance of Integrated Services

A system of services is a family-centered network of community-based services that is designed to promote the health and well being of CYSHCN and their families. Ideally, community-based service systems are organized so families can use them easily. Care coordination, access to a medical home, family-centered and culturally competent services are considered key elements of coordinated services for families of CYSHCN. However, many families of CYSHCN face frustration accessing services. Eligibility requirements, policies, procedures, and multiple locations of services can leave families feeling overwhelmed. There are often gaps in services due to agencies that provide limited services or duplication in services from multiple coordinators and service plans. Families may also need to travel great distances to obtain specialized services.

The examples in the following sections, from medical home, care coordination, family-centered care, to cultural competency, as well as the common application forms found in the health information technology section, all address some piece of a coordinated system of care—although no state or community addresses all issues equally well. The following models of care often use strategies recommended by Champions for Inclusive Communities for developing coordinated services: including the use and development of interagency councils, partnerships with coalitions, supporting the development of family leadership and family-directed programs, and promoting linkages at the local and state level. For local level examples, please refer to the Star Communities on the Champions website: www.Championsinc.org.

The Importance of Integrated Services

Cultural Competency

The need for families with CYSHCN to have services coordinated and delivered in a culturally competent manner is essential for their understanding and comfort with the system of care, as well as their understanding of their child's health condition. Cultural competence means to have a defined set of values and principles, and demonstrated behaviors, attitudes, policies and structure that will enable organizations and systems to work effectively cross-culturally. As states across the country, in particular California, provide services to increasingly diverse populations, the ability to meet the needs of so many different cultures and ethnicities is extremely challenging.

The three models highlighted below each target the Latino population, though they use different strategies that are relevant to California. Utah uses a parent advocate from the Latino community, Tennessee targets fathers, and Wisconsin uses multiple activities to reach out to undocumented children.

UTAH: LEARNING FROM FAMILIES TO REMOVE LANGUAGE BARRIERS

*Public/Private
Emerging Practice*

System of Care: The South Main Clinic, one of seven clinics participating in the Utah Medical Home Project, primarily serves Spanish-speaking families with CYSHCN, many of whom are undocumented. A primary goal of the clinic's Medical Home project is to increase access to care. The Parent Advocate on the Medical Home Team, a Latina mother of a child with disabilities, has been instrumental in establish-

ing trusting relationships with families and sharing information with the team about barriers and issues raised by families. In addition, the clinic collaborated with Utah State University to conduct focus groups to gather information, and, as a result, identified a number of issues such as language barriers and isolation.

Evaluation: Focus group findings led to a number of new strategies including: 1) having the Spanish-speaking clinic coordinator and the parent advocate triage calls to the clinic to determine when to contact the doctor for after-hours care; 2) using flagged patient charts to ensure that children with complex medical conditions received enhanced attention and extended appointment times; and 3) using volunteers, promotores/as and parent advocates to help link families to resources. In addition, because of the Parent Advocate's success in meeting the needs of Spanish-speaking families, the employee position is now a permanent position at the clinic. In the community, the clinic has earned a reputation for being an accessible and responsive health care resource for Spanish-speaking families.

Project leaders attribute much of this project's success to the collaboration between the Utah Department of Health, Utah State University–Department of Pediatrics, and Utah Family Voices.

Will it Work in California: This program could be a community-based model in culturally diverse areas. The model will be influenced by focus group discussions to help identify specific cultural barriers, and relies on building ties between parent advocates for disabilities (e.g., Family Voices) and the local Latino community.

TENNESSEE: REACHING THE FATHERS

Public/Private

Emerging Practice

System of Care: Tennessee's State Title V Program, Children's Special Services (CSS) developed a program, Hispanic Friends, to provide medical coverage for undocumented children through Tennessee's expanded Medicaid program, TennCare. CSS care coordinators joined with other CSS employees of Latino origin to collaborate with local Latino community organizations to provide access to families and also to leverage resources, especially in rural areas. Through the Hispanic Friends program, CSS has been able to provide medical coverage to children with kidney disease, cancer and heart problems. At a systems level, CSS increased efforts to recruit and hire bilingual staff, and has developed a growing awareness of the need to hire diverse staff who are representative of the community.

Evaluation: When conducting home visits, care coordinators encountered a key barrier to enrolling children in the Hispanic Friends program: they had not connected with the fathers, who held the decision-maker position in the families. To address this issue, the CSS care coordinators joined with other CSS employees of Latino origin to build ties with Latino community organizations. The community organizations are able to leverage resources and serve as cultural brokers or liaisons to increase awareness and knowledge of services offered by the Hispanic Friends program and assist in identifying families with CYSHCN. In this way, the care coordinators were able to establish connections with the fathers, to inform them of services and supports available through the program.

Will it Work in California: Given California's large Latino population, California may want to consider a similar strategy that builds ties with community based organizations and connects care coordinators with fathers.

WISCONSIN: FATHERS AS CULTURAL BROKERS

Public

Emerging Practice

System of Care: Wisconsin Department of Health and Family Services, Title V CYSHCN Program funds five regional CYSHCN centers. Because a survey conducted by the Regional Centers documented that Latino families underutilized services, the Southeastern Center launched an initiative to build partnerships with Latino families and providers funded by Title V. Center staff hired a Latino father to lead community outreach and to serve as a cultural broker through one-on-one services to help families navigate the health care system.

Evaluation: Center staff increased the number of materials available for Latino families and convened community meetings to identify strategies to improve family access to health information and services. For interpreter services, the center staff partnered with a local college to arrange for students to provide interpreter services and developed a training curriculum to help standardize the quality of the interpreter services.

Center staff also partnered with families and the community to conduct a conference to increase providers' knowledge and cultural awareness of Latino population groups. Additional partnerships were formed with the public schools and other Milwaukee community agencies to host a Latino forum addressing special education issues, access to health care services, including transition, and related community resources.

The Center collaborated with leaders in the Latino community as well and partnered with community agencies, including churches, to ensure family participation and partnership in all aspects of developing and implementing program activities.

Will it Work in California: This model builds on the traditional role of the father in the Latino community by using a father to lead outreach and reach

families and give legitimacy to the services and systems. Like the other two models, even though these models have worked with Latino populations, they could potentially be replicated in California with other ethnic communities.

Source for all three profiles in addition to expert interviews: Goode, T. D., Jones, W., Dunne, C., & Bronheim, S. (2007). *And the journey continues...Achieving cultural and linguistic competence in systems serving children and youth with special health care needs and their families*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Retrieved August 11, 2009. <http://www.gucchdgeorgetown.net/NCCC/journey/>