

Advancing the Maternal & Child Health VISION  
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS 2013 ANNUAL CONFERENCE

## Embracing Community-Based Services

Regionalization of a CYSHCN Program

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KDHE

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**Overview**

- About Us
- Why Regionalize?
- How We Did It
- What We Learned
- What the Future Holds

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**About Us**

**KS Department of Health and Environment (KDHE)**  
State agency awarded Title V MCH Block Grant funding. KDHE houses the Division of Health, Division of Environment, and the Division of Health Care Financing (Medicaid)

**Division of Health (DOH)**  
The KDHE Division of Health (DOH) includes the Bureau's of Child Care and Health Facilities, **Family Health**, Environmental Health, Epidemiology and Public Health Informatics, Disease Control and Prevention, Health Promotion, Community Health, Oral Health and the Center for Health Equity.

**Bureau of Family Health (BFH)**  
The BFH provides leadership to enhance the health of Kansas women and children through partnerships with families and communities.

- Children and Families Section**  
School health, teen pregnancy, home visiting, and more
- Children's Developmental Services**  
Part C, ICC
- Nutrition and WIC Services**
- Special Health Services**  
CYSHCN, NBS, Hearing Screening, Birth Defects, KS Resource Guide

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### Kansas CYSHCN Program

*Our purpose is to promote the functional skills of young persons in Kansas who have a disability or chronic disease by providing or supporting a system of specialty health care*

**Previous Structure**

- Administrative Office
- 2 Field Offices

**Field Office Roles**

- Specialty Care Clinics
- Assist Families with Applying to Program

**A Little Background**

Leadership  
Quality & Action

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### MCHB Performance Objective #5:

Community-based service systems are organized for ease of use

**GOAL:**  
Serve Families at the Community Level

*Kansas is taking steps to be more community-based and focus on "Ease of Use" to better serve families.*

**Why Regionalize?**

Leadership  
Quality & Action

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### Ease of Use Framework

Accessibility	Universality	Value	Affordability
Families get needed services that are:	Engages eligible families	Services are valued by families & show measurable impact	Services enable financial security
Available	Outreach	Survey Families	Reasonable Costs
Convenient	Screening	Use Data to Make Changes	Indirect Costs Reduced
Tied to Family Needs	Ongoing Assessment	Services Meet the Needs	<ul style="list-style-type: none"> <li>• Travel Costs</li> <li>• Time Off Work</li> <li>• Missed School</li> <li>• Minimal Wait for Services</li> </ul>

The days of "it's always been done that way" are gone...it's time to face change head-on, embrace it, and improve our systems of care.

*This concept allows for opportunities to accomplish this.*

**Ease of Use**

Leadership  
Quality & Action

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**State**

- 35% Staff Reduction
- Desire for Local Partnerships
- Increased Collaborative Opportunities

**Federal**

- Move from Direct to Community-Based Services
- Funding Reductions

**Why Regionalize?**

Leadership Quality & Action

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**Family Impact**

- Better Customer Service
- Localized Services
- Convenience

**Program Impact**

- Align with MCH Programs
- Evaluate Program Efficacy
- Streamline Work Processes

**Why Regionalize?**

Leadership Quality & Action

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**Change Takes Time**

**September '11 to February '12**

- Plan announced to staff
- Data and client distribution review
- Monthly work group meetings began
- Discuss function of new regional offices

**March to April '12**

- Continued discussions about regional office functions
- First contact with potential local partners
- Began building partnerships with local partners

**May and June '12**

- Development of contracts with local partners
- Development of training for regional office staff
- Continued partnership building

**July 2012 Phase 1 BEGINS!!**

- Training conducted
- Quality assurance efforts began
- Weekly Updates and Reminders

Planning: 9 months  
 Current Status: 7 months into Phase 1  
 Next Implementation: 5 months until Phase 2

Leadership Quality & Action

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**4 Regional Offices + Admin & KC Field Offices**

- 3 New Partners
  - Primarily Rural
  - Diverse Population Groups
- Wichita Field Office Transitions to Regional Office
  - Added Responsibility
  - Largest Client List



**NEW & IMPROVED CYSHCN Program**

**Regional Office Roles**

- 1<sup>st</sup> Contact with Families
- Process Applications
- Resource Referral

**New Structure**

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**TA for Regional Offices**

- Ongoing TA**
  - Additional Individualized Training
  - Re-direction as needed
- QA Process**
  - Developed Tracking Mechanisms
  - Quarterly Data Reporting
- Frequent Updates**
  - Weekly Reminders
  - Ongoing & Open Communication
- Initial Training**
  - In-Person
  - Central Location
  - 2 Staff from Each Office

**Our Process**

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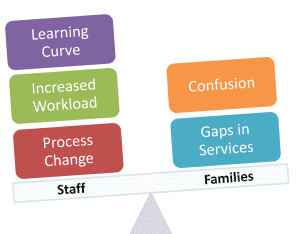
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**Experienced:**

- Staff Resistance
- Misunderstood Roles
- Constant Change



**Anticipated\*:**

- Gaps in Service
- Confusion Among Families

\*Currently, no reports of these occurring!

**Challenges**

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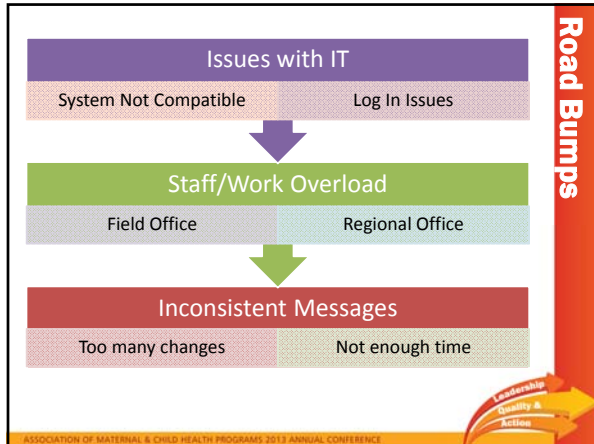
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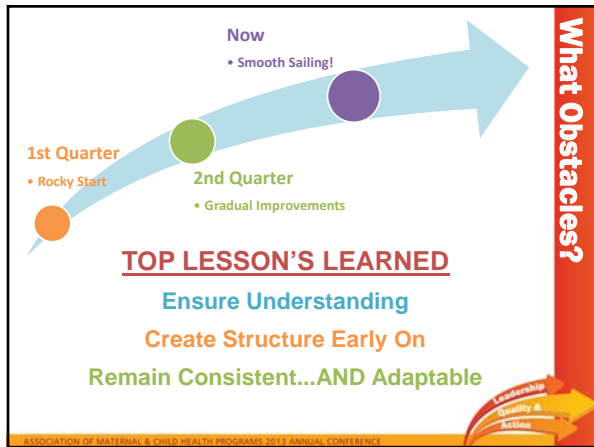
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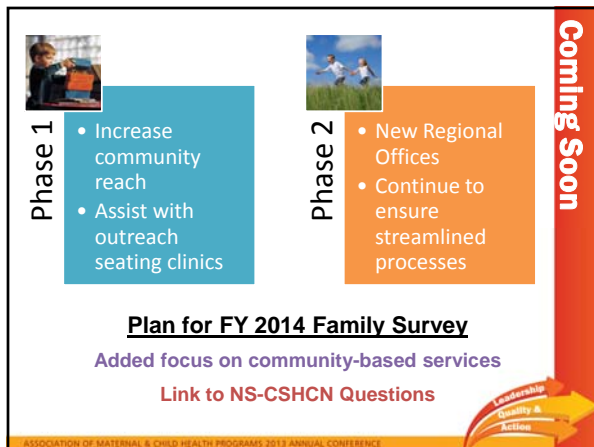
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**Thank You!**

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