

ABSTRACT OF FINAL REPORT

PROJECT TITLE: California Connections: Assuring Access to Preventive Services, Under Reformed Systems of Health Care, for Children with Special Needs and Their Families
Priority Area: Provider Preparation

PROJECT NUMBER: H93 MC 00009-04

PROJECT DIRECTOR: Marion Taylor Baer, Ph.D., R.D.

GRANTEE: University of Southern California, University Affiliated Program, Childrens Hospital Los Angeles

ADDRESS: 4650 Sunset Blvd., MS# 53, Los Angeles, CA 90027

PHONE: (323) 669-2300

E-MAIL ADDRESS: mbaer@chla.usc.edu

PROJECT PERIOD: 10/1/94 to 9/30/00

TOTAL AMOUNT OF GRANT AWARDED: \$ 650,000

I. Purpose of the Project and Relationship with Title V Program:

The Project was conducted in close collaborating with the State CSHCN Program, California Children's Services (CCS) and CA Counties providing managed health care under the state Medicaid Program (Medi-Cal). Its purpose was to develop and implement strategies for assuring access to preventive services (nutrition, oral health, mental health, family support) for children with special health care needs and their families. Strategies included the development of: 1) consumer information sheets, 2) best practices guidelines for screening, assessment, intervention and referral, 3) recommendations and tools for evaluating consumer satisfaction and 4) pilot testing a number of models for training providers. The project established nationally-disseminable approaches to training, materials and tools for assuring the provision of preventive services in managed care systems, building on the accomplishments of multiple SPRANS activities and existing resources and networks.

II. Goal and objectives:

The overall goal of the project was to contribute to the development, under Medi-Cal Managed Care (MMC) in CA, of a model for an infrastructure which assures access to preventive services, integrating nutrition, mental health, oral health and family support as part of a comprehensive system for the delivery of coordinated, family-centered, culturally-competent, developmentally-appropriate services for children with, or at risk for, special health care needs and their families.

Objectives:

1. **ASSESSMENT:** The project conducted an extensive needs assessment of existing MMC models in three CA counties (Santa Barbara, Solano, San Mateo) and several components of the assessment were conducted for the CCS Program in nine additional counties, to inform CCS and MMC regarding the extent to which each facilitated access to nutrition, oral and mental health, and family support services. Key system/service indicators identified in the assessment were then monitored over the duration of the project.
2. **TRAINING:** Training models that responded to local needs were developed in three California counties (Solano, Santa Barbara, Los Angeles). Also, through ongoing technical assistance, linkages were developed between/among agencies/programs (managed care, family resource centers, CCS programs and public health providers) and families of children with special needs to create a continuum of coordinated, community-based, comprehensive preventive health services under MMC.

3. **QUALITY ASSURANCE:** Best practices standards, training tools and protocols were developed for use in managed primary care systems which emphasized prevention with respect to nutrition, oral health, mental health and family support systems for children with, or at risk for, special health care needs.
4. **TECHNICAL ASSISTANCE/DISSEMINATION:** Technical assistance, in the form of dissemination, regarding project outcomes (needs assessments, training guide, evaluation strategies, etc.) was provided to other counties in CA and nationally, and project findings and products continue to be disseminated widely.

III. Methodology:

In collaboration with state CCS, a comprehensive needs assessment, including parent focus groups/parent interviews, a program/agency survey and a survey of CCS primary care/specialty providers and administrators was conducted in twelve CA counties, to inform CCS and MMC regarding the extent to which each facilitated access to nutrition, oral and mental health, and family support services and to identify county training needs. Project staff/consultants worked with 3 CA county (Solano, Santa Barbara, Los Angeles) task forces to develop community-based training strategies and materials to: 1) raise awareness and skill level among care providers and parents with respect to nutrition, oral health, mental health and family support services, and 2) build an organizational infrastructure which will promote linkages between care providers (including families) under the managed care system. Nine different training models were tested in each of the participating counties. “Best practice” standards and training materials were leveraged from other MCHB-funded projects and/or new tools were developed and shared with participating counties. Counties utilized a variety of mechanisms to disseminate materials and information to parents, MCOs and providers (e.g. newsletters, professional publications, mailings to providers, provider office visits).

Project staff, serving on state and national committees/task forces were able to: 1) share project tools, modules, approaches to managed care systems and 2) contribute to the establishment of standards, quality assurance criteria and policy initiatives regarding nutrition, mental health, family support and oral health services/systems for children with special health care needs and their families. Finally, the project assisted other programs, in CA and nationally, to develop strategies for integrating nutrition, oral health, mental health and family support services under Managed Care Systems.

IV. Evaluation:

Qualitative and quantitative data were collected as a means for evaluating the project and monitoring activities and evaluating outcomes. Quarterly Executive Committee (included representatives from state and county CCS and MMC agencies) meetings, provided a forum for ongoing monitoring of systems change, and process and outcome measures were used to evaluate the progress/effectiveness of the approaches used. In the final year of the project key questions (markers) asked of parents/providers were tracked as a measure of policy and systems change and to evaluate changes in the availability of services (screening, intervention). All products developed by the project were field-tested and peer-reviewed prior to state and national dissemination.

V. Results/outcomes:

A total of 1,570 individuals participated in at least one component of the needs assessment survey conducted in 12 CA Counties, in collaboration with the State CCS program.

Although data have not yet been presented in a “final report”, they have been presented to State CCS, State DHS, MCH Dental Task Force and at national conferences (International Parent to Parent, Reno, May 2000; American Public Health Association, 1997, 98; the American Dietetic Association, 1998; the Surgeon General’s Oral Health Conference *The Face of a Child*, June 2000; and the *Oral Health Of Children with Special Health Care Needs* conference, Seattle, May, 2001). Data were used by the project to a) identify needs for provider training, b) develop best practice guidelines, c) write related grant proposals. The final needs assessment report is currently in draft form and will be completed in April 2002. Several publications are planned.

Over the course of the project, a total of 71 workshops, conferences and poster sessions were conducted in participating counties and nationally, with 6,495 participants. Over 65 products were developed including the needs assessment survey tools, newsletter articles, parent pamphlets, poster for provider offices, Internet-accessible information and materials. The project faculty/consultants responded to over 500 requests for materials and technical assistance from other CA counties and national programs to develop strategies or adapt project methodologies for integrating nutrition, oral health, mental health and family support services under managed care systems. Because of the nearly universally-expressed need to improve access to preventive services, and, in particular, those targeted by the grant, technical assistance of various types has been a major role of the project. Twenty proposals for grants and contracts that built on the *CA Connections* project were submitted; 68% were funded. This allowed the *CA Connections* project staff and consultants to further expand the opportunities for wide dissemination of information and to develop new training tools. Several of these proposals were submitted while the project was in progress and others were written/submitted following project completion.

VI. Publication/products:

All components (nutrition, mental health, oral health, family support) built on existing resources and in some instances faculty/consultants contributed to the development of new resources. Materials developed were in response to county-identified needs for training using a variety of modalities for dissemination. CA Connections products, including needs assessment survey tools, abstracts, reports, training materials, posters, newsletter articles, “best practice guides” responded to parent and provider training needs. Materials developed by the project have been leveraged by other projects for training, eg. USC UAP LEND module on Managed Care and *Los Angeles Medical Home* project provider training curriculum, *Systems of Care* section, Washington State Department of Health adapted the *Getting Connected Information Sheets* for statewide use and the National Maternal and Child Oral Health Clearinghouse has made the *Planning Guide for Dental Professionals Serving Children with Special Health Care Needs*, available as a PDF file on their Web site at: www.mchoralhealth.org.

VII. Dissemination/utilization of results:

Through quarterly meetings and conference calls of the executive committee, presentations at state/national conferences, new grants/projects which reached other audiences and each of the project faculty and consultants sharing information/tools with other programs and agencies, the project widely disseminated needs assessment findings, products, training models and lessons learned. The final report includes a list of *Strategies for Assuring Access to Preventive Services*, a summary of project experiences and recommendations for other agencies/ programs seeking to improve access to

preventive services, and will be widely disseminated in publications being developed. In addition, the final needs assessment report will be widely disseminated in April 2002. Finally, the project provided technical assistance to participating counties, counties implementing MMC in California, State CCS, national managed care projects and others who requested assistance and/or materials.

VII. Future plans/follow-up:

As described above, many new projects have resulted from the *CA Connections* project and others have yet to be developed. Although funding for the project ended in September, 2000, USC UAP faculty, project consultants and State/County CCS programs have continued to develop products, conduct training, serve on advisory boards and submit new proposals building on the successes of the project. Because faculty and consultants for each of the disciplines (nutrition, oral and mental health, family support) came together with years of experience, established local/ state/ national reputations and affiliations, as well as existing projects/job responsibilities that overlapped, the project reached beyond the targeted counties. The project's success in the four participating counties was most often a reflection of how well the project was able to help communities build capacity and leverage resources.

IX. Type/amount of support and resources needed to replicate:

Very few aspects of the project are unique to CA and, where they are unique, an agency or program should be able to easily identify the resources within their own communities. Most all of the products and materials developed are easily accessed and could be replicated given the availability of technologies including the Internet and electronic mail. The greatest challenge we faced working with CA Counties was bringing together key stakeholders, including parents, the Title V Program and MCOs, to identify needs and develop strategies for assuring access to preventive services. Prevention is hard to sell given the constraints placed on the health care system as a result of managed care. Very little is published in the literature documenting the under-utilization of preventive services and barriers to accessing those services. More often, the focus on prevention could be addressed across agencies if we also included in the discussion other services frequently needed by children with special health care needs. It is important that all state Title V programs include questions on their annual statewide needs assessments that will explore and define access to preventive services for children with special health care needs and their families.

KEY WORDS: Children with special health care needs; California Children's Services (CCS), State Title V Programs, needs assessment, training, technical assistance, service coordination, Medicaid, managed care, health care reform, family-centered, systems of care, preventive services, nutrition, mental health, oral health, family support.

ANNOTATION: Managed care providers deliver primary care for children eligible for Medi-Cal, a caseload which amounts to 73% of all children served by California (CA) Children's Services [(CCS) the state's CSHCN agency]. These providers need training in order to provide comprehensive, coordinated, family-centered, culturally-competent and developmentally appropriate care to this special population. The CA Connections Project used a model of community-based training/technical assistance to assist public health professionals, families and managed care providers to establish the linkages and share the information needed to form a coordinated public-private service network under health care reform. The project contributed to the development of an infrastructure that assures access to preventive services, integrating nutrition, mental health, oral health and family support as part of a comprehensive system for the delivery of coordinated, family-centered, culturally-competent, developmentally-appropriate services for children with, or at risk for, special health care needs and their families. Activities used to attain the project goal included: (1) assessment of existing models of Medi-Cal Managed Care in 12 CA counties in collaboration with State CCS; (2) training managed care and public health providers to develop a continuum of care; (3) developing training materials to be used as a guide for best practices in prevention under managed care systems; and (4) providing technical assistance to other counties both in the state and nationally.