Child Health and Development Institute of Connecticut, Inc.

ISSUE BRIEF

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Care Coordination for Children:

An Important Part of State Health Reform Efforts

Care coordination is a powerful strategy for meeting children's health and developmental needs. It can ensure that health and community services are efficient, effective, and accessible. When care is well coordinated, patients and their families can easily access services within and across the health care and community service systems. Child health providers can better help families when they know the spectrum of services that their patients are using. Care coordination also ensures that there is no duplication of services, which eases the burden on families whose children require several services and helps contain health care costs.

Because so many health care and community service providers recognize the value of care coordination, many are striving to coordinate care for the children and families they serve. This can mean that a family is working with multiple care coordinators across several service systems. For example, a family may have three or four care coordinators: one from the primary care provider, one from early intervention services, one from the safe housing agency, and one from the medical specialist's office. The end result can be that a family's service plan is not synchronized across services, leaving the family confused and overwhelmed by all of the rules, regulations, and processes that are part of each system's services.

"Community Care Coordination Collaboration (CCCC)" Model

To address the concern of a family having multiple care coordinators, the Special Kids Support Center at Connecticut Children's Medical Center implemented the State's first Community Care Coordination Collaborative (CCCC) in 2010. The Children's Fund of Connecticut and the Child Health and Development Institute of Connecticut (CHDI) provided financial and technical support. The CCCC extends the traditional care coordination of health services to other child serving systems, such as housing, education, and mental health. The model brings together all of the care coordinators working in a given region and allows them to learn

about services that are available for the children they serve, and work together to solve access and payment issues for children who have a variety of medical and social needs. The model also forges relationships that can support primary care sites in meeting patients' needs across sectors.

Statewide Expansion

In 2014, the Department of Public Health (DPH) funded all five of its regional Children and Youth with Special Health Care Needs (CYSHCN) care coordination centers to develop CCCCs and also funded the Office for Community Child Health at CT Children's to provide technical assistance. By the end of 2016, Connecticut will have five fully operational CCCCs. Six states that use Help Me Grow systems to connect children with developmental concerns to services are also implementing the CCCC model. CHDI will evaluate the effectiveness of Connecticut's CCCCs in ensuring that children and families receive all of the services they need.

CT's Regional Care Coordination Centers

1. North Central (CT Children's Medical Center)
2. South Central (Family Centered Services of CT)
3. Eastern (United Community & Family Services)
4. Southwest (Stamford Hospital)
5. Northwest (Saint Mary's Hospital)

Although it is difficult to measure the result of the CCCC Initiative, there are several indicators that the model is making a difference in the way that care coordinators work. A social network analysis of relationships among the different agencies participating in the North Central Collaborative shows that care coordinators have a much deeper and broader understanding of the services available for children in their region. Follow up from meetings and educational programs for the North Central Collaborative affirms that members are gaining information and connections that they use daily in their work with families.

DPH has received federal funding to put in place a working group of state agency representatives that will: 1) tailor agency protocols and activities to support improved cross-sector work in meeting families' needs, and 2) develop and implement policies to allow sharing of information to enable community collaboratives to help families no matter which door they enter.

Embedding CCCC in State Health Reform Efforts

Care coordination is important as Connecticut wrestles with health care reform. Payers and health plans are increasingly requiring pediatric primary care practices to coordinate services with medical subspecialty and community support services. Connecticut's current State Innovation Model bolsters care coordination for medical practices in many ways. The CCCC Model can extend medical care coordination to include all of the service sectors that children use. Embedding this best-practice model into the State's health reform efforts will further strengthen our pediatric health care and other child serving systems' contributions to children's healthy development.

For more information contact Lisa Honigfeld at honigfeld@uchc.edu or visit www.chdi.org and www.connecticutchildrens.org. Related publications include: Connecticut Children's Office for Community and Child Health blog post, "Can there be too many care coordinators?" and CHDI's 2012 IMPACT "Care Coordination: Improving Children's Access to Health Services."