

Final Report

Our Children First Coalition: Community Partners for a Healthy Community

Grant No.:	H25MC00019-02
Grantee:	Our Children First Coalition, Inc.
Contact:	Debbie Smart, Executive Director
Grant Year:	10/1/00-9/29/02

NARRATIVE

Project Title: Our Children First Coalition: Community Partners for a Healthy Community

Project Number: 6 MCJ-05K101-01-1

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**I. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V
MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:**

Though a number of health and human services are available to the children and families of Miller County, Arkansas, the system delivering those services is sometimes fragmented. A lack of consistency in communication and/or the sharing of resources between agencies or providers about the needs of a commonly served child or family has led, for the most part, to insufficient access to health care and other community services. Access to services is often further limited because of a lack of public transportation in the

area, and minimal awareness of many of the services on the part of agencies and providers, and the families themselves. As a result, children and families requiring assistance from multiple agencies or providers risk getting lost in the very system designed to provide assistance.

MCH funding of Our Children First Coalition, Inc. (OCF) through the Community Integrated Services Systems (CISS)/ Community Organization Grants (COG) enabled OCF to engage in an annual strategic planning process in which its members identified four mainstay priorities to be targeted for this community:

- Limitations on accessibility to primary, preventive health care services for children, particularly the uninsured;
- Teenage pregnancy;
- Strengthening families through parenting education; and
- Programmatic and bureaucratic barriers created by categorical funding restrictions which continue to impede access to services.

II. GOALS AND OBJECTIVES:

Individual children and families goals - OCF has a set of goals they intend to achieve with every family and child served. Every family served by OCF will achieve the following goals:

- will have adequate food and a safe home;
- child/children will have no new contacts with the justice system;
- will have adequate child care for all children;
- parent(s)/ children will participate in counseling/mental health services as recommended;
- will provide adequate medical care/ immunizations for all children;

- will have access to basic essential transportation;
- will have access to any other specialized services needed by parent(s) or children;
- all school age children will attend school regularly; and
- after six months (or other time period) will require a declining amount of services.
- Every pregnant teen served by Coalition will attain the following goals:
 - receive regular prenatal care throughout pregnancy;
 - deliver a healthy baby at or above normal birth weight;
 - live in a safe and nurturing environment before and after the birth of the baby;
 - continue her education through high school;
 - have access to suitable child care for her baby;
 - have access to adequate nutrition for herself during pregnancy and herself and her baby after delivery; and
 - provide adequate medical care including immunizations for the baby.

System Goals - OCF learned that there are significant barriers, both within the community and within the system, that impede agencies in serving families successfully. OCF used its collective power to address these system needs. OCF identified the primary barriers and developed a set of goals to remove these barriers. OCF worked toward the following system goals:

Integrated care coordination (case management) - Mothers and children seeking services often require assistance from multiple agencies, especially when the goal is for

them to move beyond the immediate needs to becoming self-sufficient. A care coordinator assembles a full picture of the child and family needs, and then coordinates access to the range of needed services, involving as many agencies and providers as necessary. Ongoing coordination ensures that services are meeting the identified needs and provides a vehicle for revising goals and modifying services as necessary. Specific goals include:

- all the services for family will be coordinated by one care coordinator;
- duplication will be avoided and new unmet needs will be quickly identified; and
- plan in partnership with family to move toward greater independence.

Improved awareness of and accessibility to services - On-going public education is essential to inform potential consumers of what services are available and how to access them. In addition, barriers that keep consumers from gaining access to the services have to continually be identified and efforts made to eliminate them. Specific goals include:

- no client will be denied basic services because of lack of available transportation;
- improved consumer knowledge of services available; and
- greater public awareness of importance of services in their lives.

Social and Community Goals - OCF's long range goal is to produce significant progress on the indicators of social and community well-being through its collective efforts. Much of the progress on these goals will be achieved through serving individual

families and through addressing system problems. In addition, as part of its strategic planning process, OCF has identified and prioritized specific maternal and child health system issues that are ongoing target initiatives. OCF will work on these issues collectively over the next several years. The issues selected are high priority needs that affect large segments of the community, are doable in a relatively short time period, and will have a lasting impact on the service delivery system. The selected high priority issues are:

- Parenting education and development programs;
- Reducing the rate of teen pregnancy and out-of-wedlock births;
- Transportation services;
- After school programs;
- Access to primary health care;
- Immunizations for pre-school children;
- High school completion and life skills development;
- Nutrition for all children and families; and
- Job creation and skill development.

The long term impact of successful work with individual children and families, work on system goals, and work on these specific issues will be improved statistics on selected Social and Community Goals. For the purposes of this project, a set of indicators was selected from the list of social and community goals in the comprehensive listing in OCF's Comprehensive Community Service Plan. Indicators were selected that are quantifiable and for which data can be obtained through local data sources.

III. METHODOLOGY:

Limited Accessibility to Services

Preventive Health: OCF hosted its fifth *Wild About Wellness Children's Health Expo* in July, 2002. The Expo, which is free to the public, is sponsored by Coalition members and area businesses. Scheduled for the weekend prior to the beginning of school, area health care providers provide the following health services and screens to area children: EPSDT health screens, vision and hearing, growth/scoliosis, asthma, pediatric blood pressures, strength, and free immunizations. Coalition members also provided a broad range of free information about local services, children's health insurance, and other community resources. 4,113 participants were attracted to the health expo by a variety of entertainment, including karate demonstrations, exotic animals, shows put on by Nickelodeon, race cars, area church choirs, games, and popular costumed characters.

In addition to the health department's clinic, both community hospitals continued to operate community clinics that accepted patients without regard to ability to pay. Both hospitals attempt reimbursement of services when possible, but neither turns folks away. The local family residency program is now in full physician rotation, and provides preventive health care for the low-income or working poor, without regard to ability to pay.

We cannot conclusively prove that Coalition efforts over the last few years directly improved access to health care. However, the two community hospitals, local health department, and family residency program have been strong Coalition partners that continue to plan community outreach strategies aimed at providing preventive health care services to local children and families. Both hospitals and the local and state health

department offices continue to work closely with OCF in conducting and sharing the results of epidemiology studies and when designing community-based outreach programs implemented through their community-based clinics and mobile units. Through reviews of internal surveys of community members and others who partner with us for special events, we can state fairly that OCF's annual retreats, special events like the Children's Health Expo, and the child health report cards have raised awareness of local health issues that has in turn generated support for and awareness of the community outreach clinics and other special events.

Reducing the rate of teen pregnancy and out-of-wedlock births:

- Following its successful media campaign promoting abstinence, OCF received a family planning grant from the Arkansas Department of Health to promote family planning, responsible choices and abstinence in fifteen southwest Arkansas counties. The purpose of the funding is to prevent unwanted pregnancies. Outreach and Health Educators promote family planning services to women of childbearing age, and offer presentations on family planning, sexually transmitted diseases, birth control, and promote responsible behavior choices to area schools, organizations, businesses, and churches. Outreach workers also contact women who do not keep their family planning appointment to determine barriers to keeping their appointments. If a barrier, such as lack of transportation, is a problem, Outreach workers assist the client in making arrangements for future appointments.
- ***Parenting Education:*** Coalition Resource Managers and community agency staff offer a variety of parenting education curricula and parenting resources in multiple, user-friendly community locations. By September, 2002, thirteen courses (136

classes) in parenting education were provided to 535 parents (including teen parents, unduplicated count).

- ***Family Resource Center activities:*** OCF was awarded a contract through the Arkansas Department of Human services to provide start-up funding for a family resource centers. The purpose of the center was to provide a single location at which families could come for assistance in (1) accessing health and social services, (2) receiving supportive classes, (3) applying for Medicaid or children's health insurance, among others. As of September, 2002, OCF staff responded to 2,806 requests for information and referral to local services providers, community agencies and/or parenting classes.
- ***Transportation services:*** A public transportation system was implemented in the area in October, 2000. Members and staff of OCF were involved in the development of the program, raising the issue that routes planned for Texarkana, Arkansas (Miller County) were not "user-friendly," and bypassed a number of community agencies depended upon by low income families or those in poverty, in particular, the Department of Human Services.

Lack of Coordination of Services

- ***Integrated care coordination (case management)*** OCF utilizes a care coordination model in which Resource Managers employed by OCF assist Care Coordinators from participating agencies in providing a coordinated set of services to individual children and families with the dual goals of meeting immediate needs and helping families to become more self-sufficient. Additionally, Resource Managers themselves may provide interagency case coordination services directly. The table

below illustrates the children and families served through care coordination as of September, 2002.

Age	Children				Adults			
	Girls		Boys		Women		Men	
	White	Black	White	Black	White	Black	White	Black
0	3	4	1	6				
1-2	8	9	10	8				
3-5	10	11	3	20				
6-11	0	22	12	21				
12-14	4	12	7	0				
15-18	14	20	0	8				
19-44	0	0	0	0	65	261	11	0
>44	0	0	0	0	11	9	3	0
Total	39	78	33	63	76	270	14	0

Lack of Awareness of Resources and Services

- Consolidated information services:*** Though OCF has developed an integrated information management system, only the Miller County Health Unit is currently using only a few components of it. While it has been successful for care coordination and long-range tracking of individual families, it is not likely that OCF’s system will be utilized by the state agencies in the near future. The governor’s office successfully pushed a statewide mandate to implement a new electronic information system to be utilized by all state agencies. Its use is limited to tracking financial data, and for intra-agency reporting.
- ChildNet Website:*** In an effort to increase community awareness of resources, services, and other information, OCF developed ChildNet, a community-wide web site highlighting programs and services offered by Coalition members and other area agencies and service providers. The web site includes information profiles of an

agency's programs, cost, ages and geographic area served, and contact staff. The site (www.ocfci.org) also provides links to other sites within the region and state.

- ***Child Surveillance Report*** A third child health report card highlighting issues facing the community's children was released in July, 2000. Publication of this report was funded by the Arkansas Governor's Partnership Council for Children and Families. Containing local and state data, 2500 copies of the report were distributed.

IV. EVALUATION

An independent evaluator, Dr. Sigrid Hutcheson, conducted a series of site visits which involved interviews with Coalition members and randomly sampled case file reviews. A copy of the evaluation report, completed in April, 2000, was submitted with an earlier project report. No other external evaluations have been conducted since then. However, OCF board and coalition members receive monthly and quarterly performance based program reports tracking clients served, services rendered, and client satisfaction/evaluation.

V. RESULTS/OUTCOMES (POSITIVE & NEGATIVE)

OCF will celebrate its tenth anniversary in March, 2004. Its membership has experienced moderate growth over the years, though its program scope has expanded beyond Miller County to include fourteen other Arkansas counties.

Critical to its success as a formally organized collaborative have been:

- Diverse membership committed to solving children and family issues;

- Regular, systematic strategic planning involving wide spectrum of the community;
- Close adherence to and monitoring of coalition vision, mission statement, and goals with program activities;
- Competent, strong leadership of OCF board members and staff;
- Close working relationship with state agency counterparts when working on policy issues;
- Consistent internal self-assessment and program monitoring, with regular involvement of consumers; and
- Pursuit of funding and program planning that supports the vision and mission of OCF.

VI. PUBLICATIONS/PRODUCTS: the following instruments were developed for this project. With the exception of the Child Health Report card, all are available from OCF:

- 2000 Child Health Surveillance Report
- Care Coordination Packet

VII. DISSEMINATION/UTILIZATION OF RESULTS:

OCF prepares quarterly status reports of all programs, along with monthly reports tracking new contacts, requests for resource information, new referrals, etc. These are made available to OCF and community members, as well as state agency contacts and funding sources.

VIII. FUTURE PLANS/FOLLOW-UP

OCF was organized in March, 1994 and will celebrate its tenth anniversary this year. Its members continue to seek funds to support existing and new programs that fall within the scope of its mission and vision in fifteen counties in southwest Arkansas.

IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

It is possible to convene a group of people around an agenda of helping community children and families succeed without much of, if any, budget. However, it is the nature of a collaborative to grow and expand as a result of inter-agency working relationships and new opportunities that arise from them. As a collaborative grows in scope, the quantity and nature of the work involved will eventually require some level of paid staff. One staff member, responsible for assisting the coalition in communicating with its members, organizing its work plans, monitoring and reporting back progress of those work plans, might be sufficient for a small collaborative. If the community does not have the financial resources to pay for a position, asking agency or business members to contribute staff for some or all of these functions might be another option.

The OCF Project Director was responsible for much more than administrative activities and needs of the board. She was also responsible for:

- recruiting new community partners,
- providing board training in strategic planning, nonprofit management, program development and evaluation

- preparing and disseminating communication pieces, such as the Child Health report Cards, annual reports, and brochures;
- hiring all project staff and handling all human resources;
- oversight of financial and program reporting
- reviewing state and local data to determine trends;
- research of local, state, federal and private funding opportunities that would support current or proposed program activities;
- grantwriting;
- research and program development activities; and
- mediation of turf issues between OCF member agencies

The CISS grant provided OCF with \$50,000.00 per year for four years (typical award). This amount was sufficient to employ the OCF project director at a salary that was typical in this part of the country, as well as some supporting project expenses such as office supplies and meeting costs. With the duties of her particular job description, this amount (\$50,000 per year) may have been insufficient to hire a project director with her skills and experience in less rural parts of the country.

ANNOTATION

Enhancing the value and impact of services delivered to individual children and families by community agencies and providers within a more user-friendly service delivery system is the overall project goal. Activities include the development of an interagency information management system and protocols; electronic resource directory Internet site; development of common intake and assessment tools; development of informational materials and events to increase public awareness of health issues facing community children and families; and state/community developed user-friendly system protocols for families attempting to access health services.

KEY WORDS

Access to Health Care; Adolescent Health Programs; Adolescent Nutrition, Adolescent Parents; Adolescent Pregnancy; Adolescent Risk Behavior; Adolescents; Case Management; Children with Special Health Needs; Communication Systems; Community Based Health Education; Community Based Preventive Health; Community Development; Community Integrated Service System; Community Participation; Computer Linkage; Databases; Data Collection; Dissemination; Enabling Services; Families; Family Centered Health Care; Family Centered Health Education; Family Support Programs; Family Support Services; Health Care Reform; Health Promotion; Home Visiting Programs; Individualized Family Service Plans; Infant Health Care; Information Networks; Information Services; Information Systems; Interagency Cooperation; Interdisciplinary Teams; Networking; Online Systems; Parent Education; Parent Networks; Parenting Skills; Pregnant Adolescents; Pregnant Women; Preventive Health Care; Public Policy; Public Private Partnership.

ABSTRACT

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PURPOSE OF PROBLEM: Although Miller County has a number of excellent services for its citizens, there are still large areas of unmet need. A series of particular obstacles and barriers are consistently identified as key limitations in the service delivery system. These obstacles or barriers include a lack of coordination of services, limitations on accessibility to or even public awareness of services; and barriers created by categorical funding restrictions. Working within the bureaucracy of a centralized state structure, local health and human services agencies struggle with trying to provide services that meet local need within state-determined policy and protocols.

GOALS AND OBJECTIVES: The goal of this project is to enhance the value and impact of services delivered to individual children and families by community agencies and providers within a more user-friendly service delivery system. The objectives are to:

- (1) In partnership with the Arkansas Departments of Health, and other state agencies, identify and develop strategies targeting system barriers that prevent families from accessing the services they need;
- (2) Increase public awareness of the indicators of social and community well-being and their overall relevance to the community at large;
- (3) Develop a community-wide plan of action targeting identified priority areas of concern.

METHODOLOGY: Proposed activities for this community include expansion of the coalition to ensure a strong, community presence and voice; further develop a care coordination model utilizing a single care coordinator (case manager) to coordinate and monitor delivery of services, develop a public resource data bank accessed through Internet; develop client-friendly information materials on a wide range of subjects, resources, and community opportunities; develop a single assessment form for a common point of entry intake; utilize child health roundtables and community site visits in which community members, providers and consumers engage in open dialog about local health care and other issues; and partnership with senior level state staff to rethink system protocols that impede family access to services as well as make their delivery difficult for local agency staff.

EVALUATION: For the child and family goals, a series of specific targets have been identified for work with the two priority populations, i.e. families and pregnant teens. Records will be reviewed every six months to identify cases where these targets have not been reached so appropriate action can be taken. Local and state benchmarks will be reviewed annually to track improvements. Frequency of staff utilization of a consolidated electronic information system, as well as a staff survey will measure ease of use, comfort with confidentiality protocols, and effectiveness of client data tracking. Resource information through Internet will be measured by results indicated on satisfaction surveys completed staff and general public, as well as the frequency of “hits” to the Internet site.

RESULTS/OUTCOMES: Guided by a community-developed Strategic Plan, Our Children First Coalition is addressing health care and human service system barriers at three levels: the individual child/family, the community, and the service delivery system itself. Care coordination provides integrated management of resources, ensuring that families receive coordinated assistance designed to lead them toward success and independence from that assistance. At the community level, Coalition members are pooling resources to develop and implement initiatives aimed at improving health outcomes for children and families. The Coalition is working with state agency staff to develop strategies which will streamline service delivery, including common intake and assessment, data sharing, and non-categorical enrollment, among others.