

## **Final Report Narrative**

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

The Enhancing Child Health Outcomes for Children with Special Healthcare Needs (ECHO) was a project of Children's Benefits Service for Families (CBSF) in Kansas City, Missouri. The purpose of the project was to increase access to quality healthcare for children with special healthcare needs who live in the Kansas City metropolitan area.

This project was funded under the Maternal and Child Health Bureau of Special Healthcare Needs and developed service systems at the community level to address the healthcare needs of children with special healthcare needs.

Some of the worst gaps in access to healthcare involve children with special healthcare needs. These problems include, but are not limited to, lack of enrollment in public programs, lack of information about what services are available to children with special healthcare needs and gaps in health insurance for children with special healthcare needs. While there were many agencies in the Kansas City area that have addressed these issues, there has been no coordinated effort to do so. This project was developed to coordinate and improve those efforts in order to improve healthcare access for children with special healthcare needs in the Kansas City metropolitan area.

The outcomes of this project can be duplicated and used in other parts of the United States for the benefit of children with special healthcare needs.

#### GOALS AND OBJECTIVES:

The overall goal of Enhancing Child Health Outcomes for Children with Special Healthcare Needs (ECHO) was to increase access to quality healthcare for children with special needs in the Kansas City metropolitan area. The project focused on four primary goals in order to achieve the overall goal. The ECHO Project accomplished each of these primary goals. The project obtained the first goal by forming a task force and conducting a community assessment at the ECHO Project community meeting. The Task Force divided into three separate committees in order to meet the remaining program goals and also conduct the part of the community assessment that applied to their particular goal. Each goal had its own unique methodology, evaluation, outcomes publications/products, dissemination of results and follow up. This report will outline these points for each goal.

GOAL 1: TO ESTABLISH A TASK FORCE COMPOSED OF FAMILY MEMBERS, PROVIDERS AND KEY STAKEHOLDERS TO CAREFULLY IDENTIFY COMMUNITY ASSETS, GAPS AND TO PROIORITIZE ACTIVITIES THAT WOULD ENHANCE AND IMPROVE HEALTHCARE FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS.

## METHODOLOGY:

- Letters were sent to the individuals who participated in the forums and key-informant interviews held prior to receiving the grant award. In addition, information was sent to other key community stakeholders. The letters included information about the project and an invitation to join the ECHO Task Force and to attend the first Task Force meeting.
- An initial ECHO Task Force meeting was held in the second month of the project at which the director outlined the specific goals of the project. In order to accomplish the three remaining goals of the project, the Task Force divided into three separate committees: the Underserved Committee, Insurance Model Standards Committee and Information System Committee.
- The individuals who attended the first Task Force meeting completed a community assessment survey. Each committee decided to assess community needs based on the specific goal they were to accomplish.

## EVALUATION:

- This goal was completed with the formation and continued involvement of the ECHO Task Force.

## RESULTS/OUTCOMES (POSITIVE AND NEGATIVE):

- The result of this goal was the formation of the overall ECHO Task Force in addition to the three distinct committees which worked toward accomplishing a specific goal of the project. The entire ECHO Task Force consisted of family members of children with special healthcare needs, healthcare and social service providers, health insurance representatives, and individuals from state programs (including Missouri Bureau of Special Healthcare Needs and the Missouri Department of Insurance). The positive outcome was the successful completion of all project goals by the established Task Force. These individuals displayed a strong commitment to the project and volunteered their time and effort throughout the project's three years.
- The assessment that was conducted at the first ECHO Task Force meeting indicated that the project goals were on target with the perception of the Task Force members regarding healthcare access by children with special healthcare needs in the Kansas City area.

#### PUBLICATIONS/PRODUCTS:

- Children's Benefit's Service for Families, Community Assessment: Summary of Results.

#### DISSEMINATION/UTILIZATION OF RESULTS:

- A community assessment was completed by the twenty-nine people who attended the first ECHO Task Force meeting. The summaries of results from that assessment were given to each person who filled out the survey.

#### FUTURE PLANS/FOLLOWUP:

- After the completion of the ECHO Project, the Task Force was disbanded. The former members of the Task Force however remain critical contacts in the community for any follow-up that CBSF might conduct for the ECHO Project.

#### TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

- The project had the support of the University of Missouri at Kansas City, Institute for Human Development (UMKC IHD) research program to create the community assessment and analyze the results. The IHD covered the cost of the research assistance through grants that they procured. This goal however could easily be replicated.

GOAL 2: TO TARGET UNDERSERVED POPULATIONS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND BETTER UNDERSTAND BARRIERS TO ACCESSING HEALTHCARE SERVICES AND DEVELOP STRATEGIES TO INCREASE THE NUMBER OF THESE CHILDREN GETTING SERVICES.

## METHODOLOGY:

- The ECHO Task Force established the Underserved Committee to complete this goal. This committee met monthly for two and a half years with a few breaks in between. Members of this committee consisted of health and social service providers and parents of children with special healthcare needs.
- To identify underserved populations of children with special healthcare needs, members of the Underserved Committee drafted and distributed a survey for social service, healthcare providers and educators throughout Kansas City, Missouri. The cost to the ECHO project for survey distribution was minimal and the return rate was 57%. The low cost of distributing the survey and high return rate were due to a number of factors:
  - A. Some committee members copied and mailed the surveys from their own agencies.
  - B. Many committee members hand delivered and personally picked up the completed surveys. The completed surveys were then delivered back to the project director.
  - C. Some committee members faxed the surveys out and had the recipients fax the completed survey to the project director.
  - D. Other committee members distributed surveys and waited for them to be completed at meetings. The surveys were then collected and delivered back to the project director.

E. In all of the cases, the members called the survey recipients prior to distribution to explain the project and why their practice, agency, or school district should participate.

- The results of the survey indicated that African American, Hispanic, Homeless/Transient, and Immigrant/Refugee families were populations that encountered unique barriers in accessing healthcare for their children with special healthcare needs. It also gave an indication of the barriers to health care access and suggestions for possible interventions the committee to achieve.
- In order to get a more in-depth understanding of barriers to access and how best to address these access issues, the committee used the technical assistance provided through Maternal and Child Health Bureau to conduct qualitative research through conducting focus groups. Health Systems Research from Washington D.C. came to Kansas City to conduct a series of four focus groups that included health and social service providers who served the four specific population groups identified by our provider survey. The focus groups participants identified several factors that prevent a family from accessing services for their children. The group participants also had a variety of suggestions on how to overcome the identified access barriers.
- Health Systems Research analyzed the data gathered from the focus groups and produced the report, “Perceptions of Service Providers Working with Special Population of Children with Special Healthcare Needs in Kansas City, Missouri: A Community Integrated Services System Technical Assistance Initiative.” This

report was distributed to the ECHO Underserved committee who used it to develop strategies to increase the number of children getting appropriate services.

The Underserved Committee chose to target the report's recommendation which suggested that we educate service providers working with these special population groups on some of the more prevalent signs of physical conditions/disabilities, developmental delays and the importance of assisting parents obtain early diagnosis and intervention.

- Again, using the technical assistance provided through the CISS Technical Assistance Initiative, the ECHO Task Force used a local consultant to work with the Underserved Subcommittee to develop a workshop curriculum for social service providers. The subcommittee consisted of individuals from the Missouri Bureau of Special Healthcare Needs, Head Start, Mental Health Association of the Heartland, Children's Benefits Service for Families and a group of families who live in the Kansas City urban core who have special needs children. Each of these members had experience working with the targeted populations, in addition to expertise that applied to different segments of the curriculum. The subcommittee presented a pilot workshop in order to obtain feedback for the final curriculum.
- The Performance Support Program was designed for social service and associated providers who work with low income African American and Hispanic Families, the homeless, and immigrant refugee families. This program was developed to assist these providers in recognizing early signs of chronic illness and disability as well as the importance of early intervention. It also provided them with tools to

connect these families with the services that their children may need and with assisting the family with other core needs including shelter, food, employment, transportation, etc.

- The Performance Support Program consisted of a full day workshop with a number of area experts presenting the material. In addition, there was an opportunity for three months of follow-up to assist the participants in using the tools presented and answer questions regarding resources. A CD-Rom with a power point presentation of the workshop material was also distributed to the workshop participants. The CD ROM can be used in the various agencies to train other individuals in their perspective agencies.

#### EVALUATION:

- Community assessments were conducted in order to identify underserved populations of children with special healthcare needs and the barriers they face when it comes to access to healthcare.
- Evaluations were distributed at each Performance Support Program workshop. The evaluations for the Performance Support Program were very positive and most of the participants thought that the workshop had increased their awareness of early intervention and their ability to help families who have children with special healthcare needs into services (see appendix I & II for evaluation summary).

## RESULTS/OUTCOMES (POSITIVE AND NEGATIVE):

- In order to target underserved populations with special healthcare needs and better understand barriers to accessing services, the Underserved Committee conducted a community wide written survey to identify underserved populations of children with special healthcare needs in the Kansas City metro area. Four groups of children with special healthcare needs were identified as underserved: low income African American, Hispanic, Homeless and Immigrant/Refugee families. The committee then conducted focus groups in order to get a better understanding of the barriers to healthcare access and how best to address these access issues. Health Systems Research conducted four focus groups in which they interviewed healthcare and social service providers who work with the four targeted populations.
- As a strategy to increase the number of these children accessing services, the Underserved Committee developed the Performance Support Programs and presented this training to social service and associated providers in the Kansas City area. The Performance Support Program consisted of the Performance Support Notebook, an all day workshop with area experts presenting and two months follow-up from the project director.

### The Performance Support Program Workshops

- A number of participants attended a pilot workshop in June of 2001. This workshop was presented in order to get feedback from the social service and associated providers in order to complete the final curriculum for the program.
- A city-wide workshop was presented in December 2002. Twenty-seven social service and associated providers who work with low income African American, Hispanic, Homeless/Transient and Immigrant/Refugee families in Missouri attended. The organizations represented at this training were: Missouri Department of Family Services; Missouri Infant Toddler Program; Missouri Medicaid Managed Care; Kansas City, Missouri School District, Drop Out/Truancy program; City Union Mission, ReStart, various homeless shelters; Dietchman and Associates, LLC, a counseling center; Kansas City Missouri Head Start; and Friends University Graduate Counseling Program. (See appendix III & IV for a break down of racial groups and types of organizations that were represented.)
- CBSF wrote an independent grant and presented another City Wide workshop in June of 2003 that included providers from both Missouri and Kansas. (The curriculum was adapted to include resources and services in Kansas.) Twenty-three social service and associated providers who work with low income African American, Hispanic, Homeless/Transient and Immigrant/Refugee families attended the workshop. The organizations represented at this training were: The Don Bosco Center, an Immigrant/Refugee program; Kansas City Healthy Start; Shawnee Mission Kansas Head Start; Kansas State University Research and Extension; Missouri Division of Youth Services; Kansas City Health

Department; Kansas City, Missouri School District English as a Second Language (ESL) Program; Rose Brooks Center, a domestic violence shelter; Salvation Army; Sheffield Place and various homeless shelters. (See appendix III & IV for a break down of the racial groups and types of organizations that were represented.)

- The Performance Support workshops received positive evaluations from participants, as well as, comments that the information would help them identify children with special healthcare needs and assist their families with getting their children into services. Although the workshop was very well received, the follow-up that was offered after the workshop did not work well. Most of the participants who attended the workshop did not return phone calls or indicated that they did not need follow-up.
- The curriculum that was written for the Performance Support Program can be adapted to train social service and associated providers in other parts of Missouri and the United States. Those people making the adaptations would need to research their local resources and services to present at the workshop.

#### PUBLICATIONS/PRODUCTS:

- ECHO Provider Survey Results
- “Perceptions of Service Providers Working with Special Populations of Children with Special Healthcare Needs in Kansas City Missouri.”
- “Performance Support” Workshop Notebook

#### DISSEMINATION/UTILIZATION OF RESULTS:

- The Performance Support Program has been presented as a pilot program on two other occasions in the Kansas City area. CBSF will present the program in Wyandotte County Kansas in the Spring of 2004.

#### FUTURE PLANS/FOLLOWUP:

- The Performance Support Program curriculum can be adapted to be used in any U.S. community. The changes would pertain to local resources and services. A regional coordinator for the Missouri Bureau of Special Healthcare Needs would like to see the program used in other parts of the state. Due to the current state fiscal crisis, new programs and training are not being considered. However the regional coordinator would like to present the program to be implemented throughout Missouri when the budget allows. This program can be adapted for any particular city or geographic region in the U.S.
- CFSF is planning on presenting the workshop again in Wyandotte County, Kansas.

#### TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

- Most of the material in the Performance Support can be copied and used in any region of the United States. Local staff would have to research and develop

materials for their particular area for assessment and referral information. In addition, local staff would need to develop a local resource directory for children with special healthcare needs.

- In order to present a Performance Support Workshop staff would need to:
  - A. Create the Performance Support notebook for each workshop participant using the existing material except for the sections containing resources and assessment information, that information needs to be developed for each region.
  - B. Insert new resource and assessment information in the notebook.
  - C. Make overhead projector slides of the presentation.
  - D. Recruit local experts to present the different sections of the workshop.
  - E. Conduct meetings with the presenters to orient them to the curriculum and plan the agenda for the workshop.
  - F. Recruit participants.
  - G. Secure a large meeting room for the meeting.

GOAL 3: TO REVIEW EXISTING MODEL STANDARDS FOR THE WAY HEALTH INSURANCE PLANS (PUBLIC AND PRIVATE) COVER SERVICES FOR CHILDREN WITH SPECIAL NEEDS, AND THROUGH COLLABORATION, USE THESE STANDARDS WITH OTHER PERTINENT INFORMATION TO DEVELOP MODEL STANDARDS IN THE KANSAS CITY AREA THROUGH COMMUNITY CONSENSUS TO IMPROVE COVERAGE.

## METHODOLOGY:

- The Insurance Model Standards Committee was established to accomplish this goal. Members of this committee included parents of children with special healthcare needs, persons from health insurance industry, mental health and healthcare advocates, social service and healthcare providers and a person from the Missouri Department of Insurance. This committee primarily met monthly for two and a half years of the project with few extended breaks. The Insurance Model Standards committee reviewed examples of health insurance model standards that had been developed in other regions of the United States. At the beginning of the project, the committee set out to develop health insurance model standards for children with special healthcare needs in the Kansas City area and distribute those model standards to insurance companies, employers, state and local policy makers and the general public.
- As the work of the committee progressed, the committee felt that its primary function should be to raise awareness of gaps in health insurance for children with special healthcare needs. Instead of creating a list of “model standards” for health insurance companies, the committee instead wrote a report that would highlight the gaps in health insurance for children with special healthcare needs that included the committee’s recommendations for filling those gaps.
- Members of the Insurance Model Standards Committee drew from their own experience to identify the health insurance gaps that are faced by children with special healthcare needs. The committee quickly came to a consensus regarding

the gaps in health insurance; however, consensus was more difficult when making recommendations on how to fill those gaps. The majority of the committee agreed on the recommendations. The committee members who did not come to complete agreement with the recommendations were given the opportunity to attach to the report an addendum stating their opinion. However, no committee members decided to do this. The committee developed the report, “Gaps in Health Insurance for Children with Special Healthcare Needs.” The objective of this report is to raise awareness of gaps in health insurance for children with special needs, as well as, the committee’s recommendations for filling those gaps.

#### EVALUATION:

- Completed Product - “Gaps in Health Insurance for Children with Special Healthcare Needs.”

#### RESULTS/OUTCOMES (POSITIVE AND NEGATIVE):

- The committee produced the report, “Gaps in Health Insurance for Children with Special Healthcare Needs,” with the goal in mind to raise public awareness of the gaps and hardship that is placed on the families of children with special healthcare needs. Much needed services for these children are often not accessed at all or not accessed in a timely manner because their health insurance does not cover those services. This report can be used as a springboard for discussions with

employers who purchase health insurance policies, local, state and federal policy makers and health insurance companies.

- A significant amount of time was spent on debate over what the role of health insurance should be in the care of children with special healthcare needs. The committee did eventually develop recommendations for filling gaps in health insurance for the report. Most of the members agreed with those recommendations; however a few of the members did not come to a full agreement. The task of producing a report that had the consensus of the entire committee was particularly challenging due to the diverse points of view regarding the role of health insurance for children with special healthcare needs. The meetings sometimes got off track because of the different agendas of committee members. Some momentum was lost during the course of the grant period because of the difficulty we had in reaching a consensus on the recommendations. Attempting to reach this goal with a committee in which the members had very different agendas was not practical. It was beyond our scope to accomplish consensus between health insurance advocates and members of the health insurance industry. We would recommend that members of the health insurance industry be consulted in the process, but not necessarily be members of the committee unless they are clearly committed to the goals of the committee.

#### PUBLICATIONS AND PRODUCTS:

- Report “Filling Gaps in Health Insurance for Children with Special Healthcare Needs.”

#### DISSEMINATION/ULTIZATION OF RESULTS:

- CBSF will use the report in their systems and policy work. CBSF discussed some of the gaps in health insurance that a child with special healthcare needs face with the Kansas Commissioner of Insurance before the report was finalized. A final copy of the report will be sent to the Commissioner. CBSF plans to meet with the Commissioner of Insurance in Missouri to give him the report and discuss gaps in insurance for children with special healthcare needs who live in the state.
- Each member of the ECHO Task Force has received a copy of the report. CBSF will mail the report to agency directors that are on their mailing list as well as other key community stakeholders. CBSF will also mail copies of the report to the names of individuals submitted by the members of the Insurance Model Standards Committee.

#### FUTURE PLANS/FOLLOWUP:

- CBSF will continue to use this report in their systems and policy work.

#### TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

- This goal could be replicated by establishing a group of key stakeholders to research gaps in health insurance for special health care needs and develop recommendations to fill those gaps and create a report. This group would need to establish a report distribution plan and secure the financial resources to carry out the plan.

GOAL 4: TO IMPROVE THE INFORMATION SYSTEM FOR FAMILIES, HEALTHCARE AND SOCIAL SERVICE PROVIDERS, INSURANCE COMPANIES, BUSINESSES AND GENERAL PUBLIC ABOUT HEALTHCARE FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS.

METHODOLOGY:

- The Information System Committee formed to meet this goal. Members consisted of parents of children with special healthcare needs and healthcare and social service providers.
  - Members researched and reported on existing information systems for children with special healthcare needs in the Kansas City metropolitan area.
- The committee chose not to do a survey of the community to determine what type of information system they would use. The ECHO Underserved Committee was conducting a survey and it was not practical to do another community survey.

- Based on their knowledge of the community the committee decided that the type of information system that would be most beneficial would be a website. A website would be a comprehensive centralized source of resource information for children with special healthcare needs that could easily be updated and had the potential to exist long after a written directory was no longer useful.
- The committee developed an outline of what needed to be included in the website which included recommendations for formatting the site.
- A major task of this committee was to procure funding to develop and maintain the website.
- Initially, the committee found a community partner at the University of Missouri at Kansas City, Institute of Human Development. They wanted to expand their existing website which provided information for developmental disabilities. An ECHO Information System subcommittee had several meetings with the UMKC Institute of Human Development to plan how we could work together to build the website. The two groups outlined a joint proposal to seek funding from the Missouri Maternal and Child Health Bureau of Special Health Care Needs. Initially, there was interest on the part of Bureau, but later were told that budget constraints would prevent them from funding the proposal.
- ECHO heard of another group called Healthy Kansas City that was just beginning to develop a health resource website for the Kansas City metropolitan area. The ECHO director met with the Healthy Kansas City director and discovered that the Information System Committee's objectives for the website fit well into Healthy

Kansas City's website plan. ECHO and Healthy Kansas City outlined a plan for collaboration and that plan was approved by the ECHO Information Committee.

- The ECHO Project received the funding for developing the segment of healthykansascity.org that pertained to children with special healthcare needs. The ECHO director hired a part time employee to assist in developing this segment of the website. The part time Data/Resource Specialist was housed at CBSF and supervised by the ECHO Project Director.
- The ECHO Data/Resource Specialist and the ECHO Director attended monthly meetings with the directors of the collaborating agencies, the website software developer and the director of healthykansascity.org. The group worked with the software developer to help design a web format that would work for all of collaborating agencies.
- The ECHO Data/Resource Specialist and the ECHO Director, completed a list of all of the providers who serve children with special needs in the area, developed an electronic survey to send to those providers. The providers then turned in the completed survey with specific information about their organization and the services they provided. The web developer set up a system that would automatically enter this information into the website.

#### EVALUATION:

- Completed Product- Segment for Children with Special Healthcare Needs on healthykansascity.org web site.

- Monthly analysis of hits on the web site. We are tracking each month how many times the segment for children with special needs has been accessed.

#### RESULTS/OUTCOMES (POSITIVE AND NEGATIVE):

- Healthykansascity.org is a centralized comprehensive health resource website designed to serve all Kansas City residents. The ECHO Project acquired funding to develop a segment for that site that pertains to children with special healthcare needs. This site can be used by families who have children with special healthcare needs as well as service providers to find the supports, programs and services that are available for these children in the Kansas City area. The site includes information on local service providers and also provides links to all of the state and federal programs that are available to children with special healthcare needs in both Missouri and Kansas.
- Although the ECHO Project was funded for Missouri, the local funding that was acquired to develop the segment for children with special healthcare needs allowed us to research and post resources for the three counties in Kansas that are included in the metro area in addition to the three Missouri counties.

#### PUBLICATIONS/PRODUCTS:

- Healthykansascity.org - Click on “children” to look at the segment for children with special needs

#### DISSEMINATION/UTILIZATION OF RESULTS:

- The ECHO Project Director included information about this website and the segment for children with special healthcare need in both the December 6, 2003 and June 6, 2004 workshops.
- Healthy Kansas City demonstrated the website at the CBSF annual conference, highlighting the segment for special healthcare needs. In addition, they have attended area health fairs promoting the website.
- Healthy Kansas City is developing a comprehensive plan to promote the site throughout the entire Kansas City Metro area.

#### TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

- This goal was made possible through the partnership of Healthy Kansas City and the ECHO Project. A comparable partnership should be sought in order replicate this goal.
- A staff person would be needed to research all of the services, programs and resources available to children with special healthcare needs and post on the website.

#### EVALUATION OF ENTIRE PROJECT

- Mid project survey for ECHO Task Force members to evaluate their perceptions of the progress of the project.

## **Abstract**

**PROBLEM:** Specific problems exist in accessing healthcare and related services for children with special healthcare needs in the Kansas City area. Barriers to access to care have included cultural, social and economic barriers, gaps in health insurance for children with special healthcare needs and the lack of a centralized comprehensive information resource for children with special healthcare needs.

While there are many agencies that had addressed access to care issues for these children there had been minimal coordination of these efforts in the Kansas City Area.

**GOALS AND OBJECTIVES:** The overall goal of the Enhancing Child Health Outcomes (ECHO) Project was to increase access to quality healthcare for children with special healthcare needs.

**Goal 1:** To establish a Task Force composed of family members, providers and key stakeholders to carefully identify community assets and gaps and prioritize activities that would enhance and improve healthcare for children with special healthcare needs.

**Goal 2:** To target underserved populations of children (e.g., minority children with special needs, children in low income families, indigent or homeless children) and better understand the barriers that impact their access to healthcare services and develop strategies to increase the number of these children getting services.

Goal 3: To review existing model standards for the way health insurance plans (public and private) cover services for children with special healthcare needs and through collaboration use these standards with other pertinent information to develop model standards in the Kansas City area.

Goal 4: To create an information system available to families, healthcare and social service providers, insurance companies, businesses and the general public about healthcare for children with special healthcare needs.

**METHODOLOGY:** To address barriers to access to care for children with special healthcare needs, a Task Force was established by Children's Benefits Service for Families (CBSF) composed of stakeholders to (1) oversee the conduct of a community resource and gaps assessment; (2) bring together their expertise and experience to identify and overcome access to healthcare; and (3) prioritize activities that improve healthcare and its access for children with special healthcare needs.

The Task Force split into three separate committees to complete project goals. Each committee met approximately once a month, did a community assessment, and developed strategies to reduce barriers to healthcare that pertained to their particular goal.

#### **EVALUATION:**

The ECHO Project completed a community assessment of the Task Force members at the beginning of the project. A survey assessing the project's progress was conducted half-way through the project. Community assessments were conducted in order to identify underserved

populations of children with special healthcare needs and the barriers they face when it comes to accessing healthcare. Evaluations were distributed at each Performance Support Workshop. Monthly analysis of the [healthykansascity.org](http://healthykansascity.org) website to track usage of the segment for children with special healthcare needs.

#### RESULTS/OUTCOMES:

Goal 1: The ECHO Task Force was established at the beginning of the project and completed a survey for the community assessment. The Task Force divided into three different committees in order to complete the remaining project goals. The Task Force committee members remained actively involved throughout the entire three years of the project and each committee accomplished its targeted goal.

Goal 2: The ECHO Project developed the Performance Support Program for social service and associated providers, which consists of a full day workshop, a tool kit and follow up. This program equips providers with the tools to help the families they work with recognize early signs of disability and chronic illness, demonstrates to providers the importance of early intervention and shows them how to connect these children to appropriate services. This program has been presented twice in the Kansas City area.

Goal 3: The ECHO Project produced the report, “Filling Gaps in Health Insurance for Children with Special Healthcare Needs.” The purpose of this report is to raise public awareness concerning some of the challenges families with special healthcare needs face in regard to health insurance coverage with the hope of affecting change. The report highlights the gaps in health insurance and provides suggestions on how to fill those gaps. This report can be used as a tool to

make employers, policymakers and the general public aware that significant gaps exist in health insurance for children with special healthcare needs.

Goal 4: The ECHO Project developed a segment for children with special healthcare needs for the website [healthykansascity.org](http://healthykansascity.org). This website is a comprehensive, centralized health resource for the Kansas City metropolitan area. The segment for children with special healthcare needs consists of resource programs and services available to these children. This segment was designed for both families and service providers.

#### PUBLICATIONS/PRODUCTS:

1. “ECHO Community Assessment Survey”
2. “Community Assessment: Summary of Results for the ECHO Project”
3. “ECHO Provider Survey”
4. “ECHO Provider Survey Results”
5. Report - “Perceptions of Service Providers Working with Special Populations of Children with Special Healthcare Needs in Kansas City Missouri”
6. “Performance Support” Notebook for social service and associated providers
7. Report – “Filling Gaps in Health Insurance for Children with Special Healthcare Needs”
8. Segment for children with special healthcare needs on [healthykansascity.org](http://healthykansascity.org).
9. “Enhancing Child Health Outcomes for Children with Special Healthcare Needs (ECHO), Survey of Committee Members: Summary of Results”

Children Benefits Service for Families  
One West Armour Blvd., Ste. 301  
Kansas City, MO 64111  
(816) 931-8687

## ANNOTATION

The purpose of Enhancing Child Health Outcomes for Children with Special Healthcare Needs (ECHO) a project of Children's Benefits Service for Families was to increase access to quality health care for children with special healthcare needs in the Kansas City, Missouri metropolitan area. The project utilized a community task force that divided into three different committees to develop strategies to overcome barriers to access to care: the Underserved Committee developed a Performance Support Program for social service and associated providers to help them identify and refer families who may have children special healthcare needs; the Insurance Model Standards Committee produced the report "Filling Gaps in Health Insurance for Children with Special Healthcare Needs" to raise public awareness of those gaps in order to affect change in health insurance coverage; and the Information System Committee developed a segment for children with special healthcare needs for a Kansas City health resource web site.

**KEY WORDS:** Healthcare Access; Children with Special Healthcare Needs; Health Insurance Coverage; Internet Resource; Training Curriculum, Low Income; African American; Hispanic; Immigrant Refugee; Homeless; Families

ECHO Equipment

Acquisition date	Equipment description	Serial #, if it has one	Acquisition cost	Cost to grant	Location	Condition of equipment	Anticipated need
8/31/00	Lucent Technologies 4-line phone	C140TE	\$139.00	\$139.00	CBSF office	Good	Will be used by CBSF staff who will in addition to doing case work will be continuing work related to ECHO –CISS grant
9/15/00	CP6 Personal Computer	1004391 0020367044	\$898.00	\$898.00	Same as above	Fair (3years old)	Same as above
9/15/00	EV500 Monitor	15017G087065	\$190.00	\$190.00	Same as above	Good	Same as above
10/28/00	Flip chart easel		\$49.99	\$49.99	CBSF conference room	Good	Same as above
10/28/00	Sharp electric organizer		\$29.99	\$29.99	CBSF office	Good	Same as above
10/28/00	Office chair		\$99.97	\$99.97	Same as above	Good	Same as above
10/28/00	Computer desk		\$129.99	\$129.99	Same as above	Good	Same as above

10/28/00	4 stackable chairs		\$139.96	\$139.96	Same as above	Good	Same as above
1/4/02	Apollo portable overhead projector		\$269.99	\$269.99	Same as above	Good	Same as above
1/4/02	Apollo projector screen		\$179.99	\$179.99	Same as above	Good	Same as above
1/4/02	Calculator with paper strip		\$29.99	\$29.99	Same as above	Good	Same as above
<b>Total</b>			<b>\$2,156.87</b>	<b>\$2,156.87</b>			