

# Implementing Maternal and Child Health Bureau Care Model for Children With Special Health Care Needs in Clinical and Community-Based Settings

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## CONTEXT

The Maternal and Child Health Bureau (MCHB) recognizes the complexity of providing adequate care for children with special healthcare needs (CSHCN), and has created a care model that targets the intricate nature of the multi-level systems necessary for promoting optimal outcomes. MCHB defines CSHCN as children who “have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”<sup>1</sup> MCHB’s care model can be incorporated into not only clinical settings, but also community systems. While the care model is a focus of Pediatric Pulmonary Center traineeships and other MCHB training programs, it is heavily utilized in the clinical care setting without much trainee exposure to the model when it is implemented in a strictly community-based setting. By comparing and contrasting the implementation of the MCHB model in both clinical and community programs, it can be seen that the model successfully promotes positive outcomes no matter the care setting.

## OBJECTIVES

- Explore the various arms of MCHB’s multi-faceted care model for CSHCN
- Examine various special health care needs that are related to both medical diagnoses and behavioral, mental, emotional health diagnoses
- Compare and contrast successful methods for incorporating the MCHB care model for CSHCN across varying settings and populations

## BACKGROUND

- The Cystic Fibrosis Center at Monroe Carell Jr. Children’s Hospital at Vanderbilt (MCJCHV) was recognized in 2013 with the CF Foundation Quality Award. As of 2017, MCJCHV treated approximately 200 pediatric patients ages birth to 18. The care team is made up of physicians, nurse practitioners, case managers, dietitians, social workers, pharmacists, and child life specialists. Each specialty manages one of the many facets of care that exist within a disease state as complicated as CF.
- The West Nashville Dream Center (WNDC) is a non-profit ministry center that exists to protect and empower those living in the surrounding community in distress. The WNDC serves one of the most impoverished, crime-ridden communities in Nashville, TN, that is home to more single mother households than 99.6% of neighborhoods in the United States.<sup>2</sup> Many of the children in the WNDC community are exposed to high levels of trauma and dysfunction in their formative years. The WNDC has supplemental resources, community building programs, and educational activities for children and families of all ages.



## MCJCHV

- COMMUNITY BASED SERVICES
  - Social worker and registered dietitian insure that families have access to Food Stamps, WIC, TN Care services
- ACCESS TO MEDICAL HOME
  - Social worker and physicians connect families with primary care physicians to provide preventative care
- ADEQUATE INSURANCE
  - Social worker provides information on access to insurance programs based on income, disease state, and family structure
- EARLY CONTINUOUS SCREENING
  - Physicians and child life specialist provide early screening for mental health diseases, diabetes, and other co-morbidities
- TRANSITION TO ADULTHOOD
  - Social workers and dietitians ease transition to adult CF care center and promote patients’ autonomous management of care
- FAMILIES AS PARTNERS
  - Physicians work with families to include them in decisions that affect not only patient’s care but family’s overall health and balance

## WNDC

- COMMUNITY BASED SERVICES
  - Staff and volunteers operate onsite and mobile food pantries to families who lack transportation
  - Staff collaborate with Mental Health Co-op to insure that children and families obtain adequate mental health counseling and care
- ACCESS TO MEDICAL HOME
  - Staff work to connect neighborhood families with proper medical and mental health care
- ADEQUATE INSURANCE
  - Staff and volunteer attorneys help families obtain necessary legal information to apply for state-funded medical programs
- EARLY CONTINUOUS SCREENING
  - Staff and volunteers monitor sensory motor skills, which are often delayed in children with absent parents or exposure to trauma, and refer to early intervention services as needed
- TRANSITION TO ADULTHOOD
  - Student program staff provide ACT prep and college readiness
  - Staff work with school counselors to encourage students in the pursuit of higher education in hopes of breaking the cycle of generational poverty
- FAMILIES AS PARTNERS
  - Programs focus on each part of the family: mother, adolescents, children, infants and tailor programs to fit specific needs
  - Staff keeps families informed of program changes or expansions to get feedback prior to implementation

## CONCLUSIONS

While the implementation and execution of MCHB’s care model for CSHCN looks vastly different in clinical and community settings, it remains an effective method of steering elaborate systems of care to achieve optimal outcomes in not only medical settings, but also high-risk community settings.

## REFERENCES

1. Health Resources & Services Administration; Maternal and Child Health Bureau. (2018, February). Children with Special Health Care Needs. Retrieved from: <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>.
2. Neighborhood Scout. Clifton Pike/40<sup>th</sup> Avenue Demographic Statistics. Retrieved from: <https://www.neighborhoodscout.com/tn/nashville/clifton-pike#demographics>.