

Building State & Community Teams

INTRODUCTION

Objective 16.23 of Healthy People 2010 calls for the establishment of state systems of care for children and youth with special health care needs. Developing teams at state and local levels lies at the heart of this objective. While Title V staff and other state leaders already have experience working on teams, others may lack a shared understanding of the process. This issue brief reflects three multi-state discussions aimed at building that understanding and highlights a number of principles and highlights current strategies that reflect those principles at work.

1. Take a broad, inclusive approach to identifying potential partners and reach out to those who do not initially seek common ground.

2. Tailor outreach to each potential partner, and particularly to those who have been more difficult to engage. This implies a need to:

- Highlight areas of shared interest that make partnership desirable.
- Be alert to language barriers across professions and perspectives.
- Let each group engage at its own pace.

3. Be ready, if necessary, to “give something up.” The “something” may be as subtle as a long-held prejudice about another player in the system or as concrete as funding for some common effort – even modest funding for team building sends a message that this is important work.

4. Make the team visible in its own right. Teams need to be seen if they are to grow and attract reluctant partners. Seek ways to link mission statements of member organizations,

and activities of member groups into the mission and work of the common organization – so that the team benefits from both the vision and the visibility of members.

5. Recognize and support the role parents can and do play in promoting collaboration. Parents stand with their children at the hub of multiple service systems. They know the players and have often learned to cross boundaries between systems. Families provide the ultimate reality test for proposed solutions.

6. Make sure there is something in it for everyone involved. At the most obvious level, the team must enhance the work of individual and organizational members, but it must also make each member feel welcome, useful, respected, and productive; team building is a social process and its social aspect must be taken seriously for meaningful results are to be accomplished.

“The teams we build are also central to effective systems of care.”

Team building is both a means to an end and an end in itself. It is a means to enlist allies and supporters in the broad effort required to achieve Objective 16.23. But the teams we build are also central to effective systems of care. Strong, inclusive teams can determine where services are fragmented or duplicative or just plain irrational and they afford opportunities to craft solutions that reflect the views of diverse groups.

STATE & COMMUNITY STRATEGIES

- Arizona provides funding and support for parent-led community teams throughout the state. Outcomes of collaboration have included cross-training of agency personnel and expanded access to dental care.
- Colorado’s CSHCN program contracts with community organizations to convene local groups across the state. This funding supports regional coordinators, organizes monthly conference calls, and pays families for their participation in planning. One result is the replication of successful practices from community to community, such as the use of student interns as respite providers.



- Kentucky's Developmental Disability Council offers planning grants to create one-stop community centers that bring together early intervention, state and local agencies, and parent groups. The model was initiated in one community and is being replicated in others.

- The Massachusetts Consortium for CSHCN has developed strategies to promote and support parent involvement, such as one-to-one outreach to parents who express interest in the group or are connected to it by friends, a set of FAQs for parents on the group's website, and rules/requirements for parent representation on the group's steering committee.

- In Maine, involvement of youth as well as parents is prioritized by the state Title V program. This is seen by other organizations as a strength and an inducement for them to come to the table as well.

- Utah and South Carolina have mounted effective efforts to break down barriers between health and education via school health personnel. Utah's "Ed-Med" Committee builds partnerships between state Title V and Special Education staff.

- Louisiana surveyed primary care physicians about community needs, which served as a starting place for community building and system planning.

DISCUSSION QUESTIONS FOR STATE & COMMUNITY TEAMS

At a series of Multi-State Meetings hosted by the Champions for Progress Center in 2004, state CSHCN staff, parent representatives, and other partners discussed the topic of Building State & Community Teams. The following questions can be used for discussion by interagency community teams and councils in order to share information and to build relationships.

1. What strategies have been used in our community to build interest and commitment from needed stakeholders? How effective are they?

2. Have members from diverse cultural and linguistic groups been included on community teams and councils? Are there effective methods for ensuring cultural and linguistic diversity in teams and councils?

3. Are there any efforts to incorporate the six CYSCHN performance measures into existing new mission statements and action plans or to integrate them into existing ones?

4. What are our community's greatest accomplishments related to Building State & Community Teams?

5. What are our community's greatest challenges related to Building State & Community Teams?

Useful Links and Resources:

Family Village of Wisconsin: <http://www.familyvillage.wisc.edu/index.html>

Massachusetts Consortium for CSHCN: http://www.neserve.org/maconsortium/mac_about.html

Utah Collaborative Medical Home Project: <http://medhome.med.utah.edu/>



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