→ San Francisco – MCAH Division

Supporting Children and Youth with Special Health Care Needs (CYSHCN)

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Maternal, Child, and Adolescent Health (MCAH)

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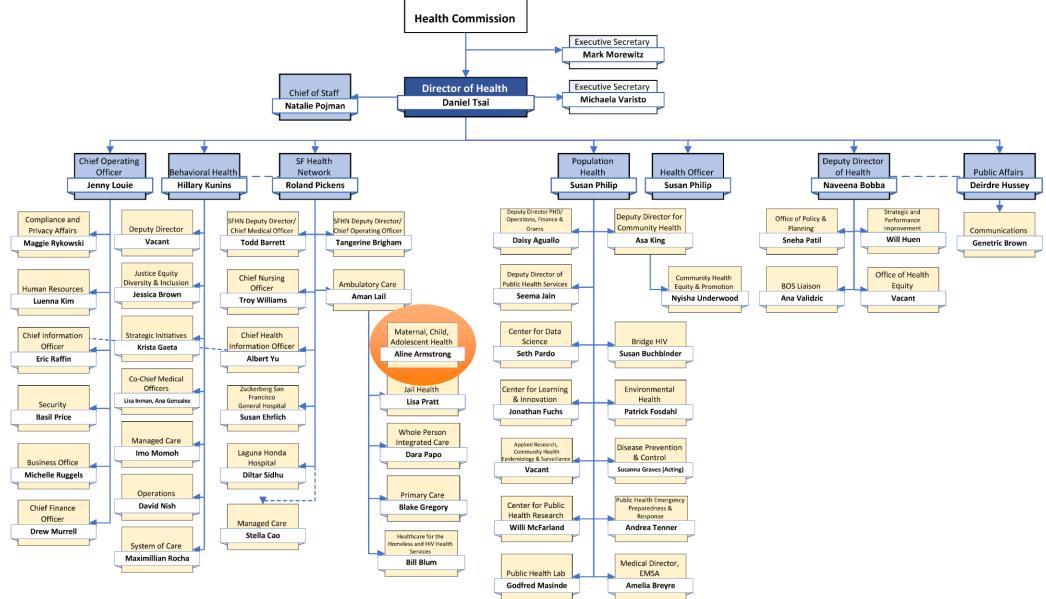


SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

MATERNAL, CHILD & ADOLESCENT HEALTH SECTION







MCAH Programs OVERVIEW

California Children's Services	Care coordination and case management for seriously ill and disabled low-income children.	Nutrition Education & Obesity Prevention	Nutrition education for low-income families; nutrition promotion
Family & Children's Services Nursing	Care coordination and case management for children in the child welfare system; education for Protective Service Workers	Child Care Health Program	Vision, hearing, dental, wellness screenings and case management for children at schools and care centers county-wide
Medical Therapy Program	Physical and occupational therapy for disabled children and youths	SIDS/FIMR	Grief counselling and infant mortality case tracking
Teen & Adolescent Pregnancy & Parenting Program	Comprehensive services for low income pregnant and parenting youths	CalWORKs Nursing	PHN services for CalWORKs clients at HSA
Pre & Interconception Health	Comprehensive family planning services for men, women, and youths. Formerly funded by Title X	Perinatal Services	Quality assurance for providers; protocol development; training, education, and technical assistance for providers; education for pregnant women
Women, Infants, Children Nutrition Program	Supplemental nutrition, nutrition education, breastfeeding education and promotion, infant formula for low-income families	CYSHCN	Improving the lives of families of children and youth with special healthcare needs in San Francisco
Black Infant Health Program	Case management and group sessions for pregnant and parenting Black women aimed at redressing health inequities	Nurse Family Partnership	Nurse home visiting services for low-income first-time mothers, infants, and children
Field Public Health Nursing	Nurse home visiting services for low-income mothers, infants, and children	Perinatal Equity Initiative	Provider QI and doula services provision to reduce adverse birth outcomes in the Black population

Who are CYSHCN?

Children and youth with special health care needs (CYSHCN):

- Have or are at increased risk for having chronic physical, developmental, behavioral, or emotional conditions
- Have conditions such as asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders
- Require more specialized health and educational services to thrive, even though each child's needs may vary

Well-Being

CYSHCN flourish at half the rate of children without a special health care need (34.4% to 69.1%)

School Engagement

CYSHCN are engaged in school at about half the rate of their counterparts without a special health care need (26.3% to 47.9%)

Parental Health

Only 55% of CYSCHN caregivers report excellent or very good health compared to nearly 70% of parents who do not have a child with a special health care need

Poverty and Material Hardship

Families of CYSCHN are less likely to meet basic needs like food, housing and medical care

The Need in San Francisco

26,730

estimated children and youth in San Francisco with special health care needs (CYSHCN)





87.6%

of these CYSHCN are **NOT** receiving care in a well-functioning system

Meeting This Need is Our State Mandated Mission

San Francisco Department of Public Health Maternal, Child and Adolescent Health (MCAH) Division

Women / Maternal Health Domain Perinatal / Infant Health Domain Child Health Domain Adolescent Health Domain Children and Youth with Special Health Care Needs (CYSHCN)

A Cornerstone Program: California Children's Services



- State mandated public health program; each County must have a CCS program
- Serves the most medically complex of those children on Medi-Cal
- Case manage and guarantee access to pediatric subspecialty physician care
- CCS: ~1560 children who have complex medical conditions and Medi-Cal
- CCS OT/PT: ~250 children with qualifying orthopedic and neuromuscular conditions

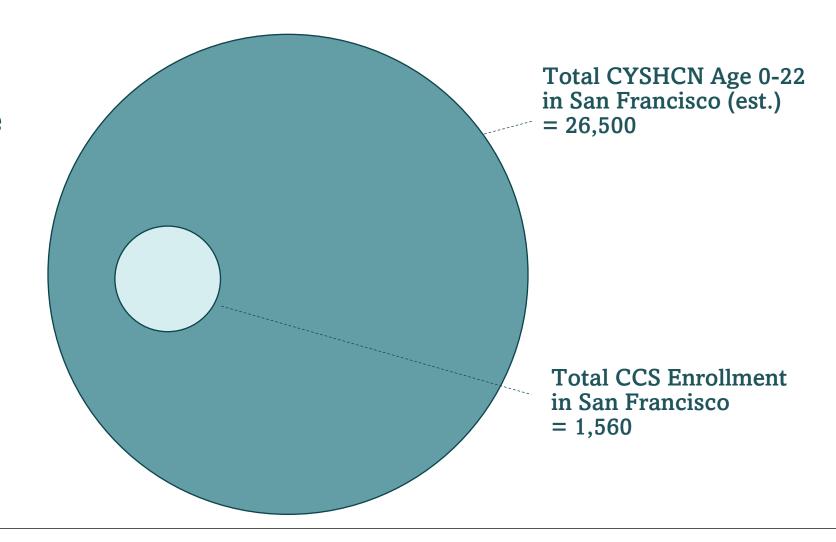
Patient Case 8-year-old with Mucopolysaccharidosis



- Eligibility Workers Determine financial and residential eligibility. Facilitate Medi-Cal application and paperwork.
- Medical Consultants Determine medical eligibility and make sure the child has access to the appropriate Subspecialty physicians across medical centers (UCSF, LPCH, etc.)
- Nurse Case Managers & Dental Care Coordinator Case manage, create the authorizations that facilitate access to medications, equipment, therapies, oral health care, and CCS paneled subspecialty physicians.
- Social Worker Assesses the need for services and community supports related to Social Determinants of Health
- Physical & Occupational Therapists at Medical Therapy Program Provide therapies and recommend specialized equipment to improve function and mobility.

CYSHCN in San Francisco

CCS only serves the most medically complex cases, or about 5% of the total population of CYSHCN in San Francisco

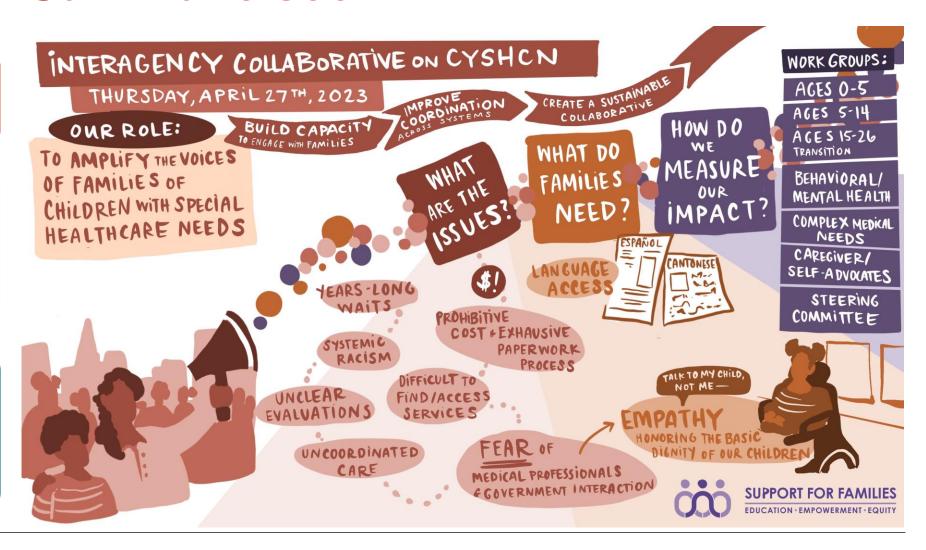


CYSHCN in San Francisco

San Francisco is resource rich but coordination poor.

Families face many barriers in accessing services and historically have not been included in developing solutions.

Lack of coordination among various public and private entities has historically hindered service delivery.



MCAH CYSHCN Innovation Grant









An MCAH Transformational Program for CYSHCN:

SF Kids Collaborative

- Interagency Collaboration
- Centering the Family Voice
- Improving the System for Families
- Resilient to Public Health Disruption
- Strengthening the City's CYSHCN-Focused CBO



Our SF Kids Collaborative Mission

Improve the lives of families of children and youth with disabilities and complex medical needs in San Francisco by centering the voices of families from historically excluded communities and working in partnership with providers to create meaningful systemic change.







Improve Coordination Across the System



Create a Sustainable Collaborative



Develop the Data
Capacity of the System

Our Structure

Integrated Workgroups -with families, providers and
agencies -- develop
measurable systemic
solutions together:

- Early Intervention
- Transition Age
- Complex Medical Needs

SF Kids Collaborative Community Gatherings & **Affinity** Spaces Workgroups Core Team

The entire collaborative comes together for Triennial Meetings and Community Events

Family participants meet monthly in Affinity Spaces and Community Gatherings

Core Team supports and facilitates the ongoing work of the collaborative

Key SF Kids Collaborative Partner Agencies



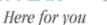


























CHILDREN'S SERVICES



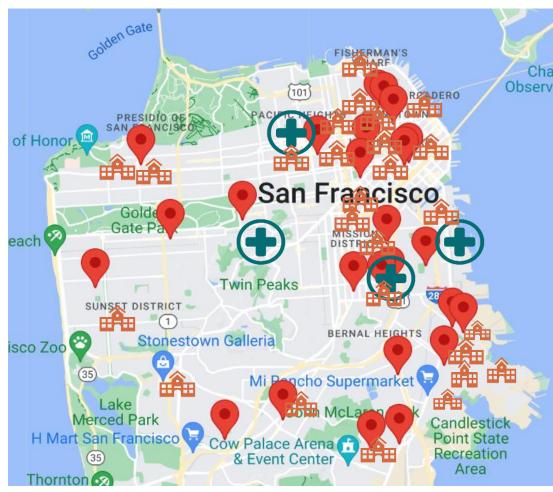




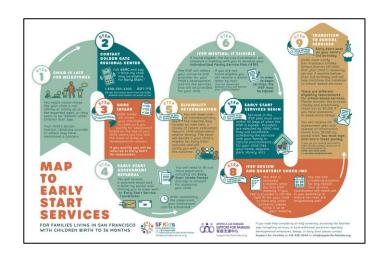


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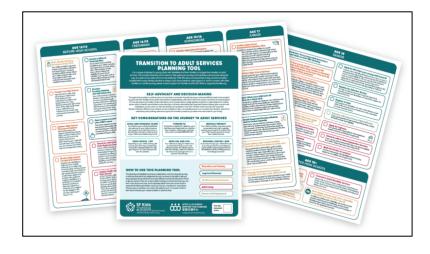




Our first round of workgroup goals are complete!







Map to Early Start Services

Complex Medical Needs Resource List

Transition to Adult Services Planning Tool

SF Kids "by the numbers"

200+ Participants

50+
Organizations

32 Local Families 20+ Frontline SFCD Staff

3 Languages

8
Recurring
Monthly
Convenings

9,046
People
Reached with
New
Resources

100%
Respondents
"Agree" or
"Strongly
Agree" with
Progress

7,700
Website
Views in Last
12 Months

392%
Increase in
Website
Views

Exciting news!

CDPH has awarded SFDPH MCAH a new \$2.2 Million, 5-year Innovation Grant to:

- Fund a dedicated MCAH CYSHCN
 Senior Health Program Planner
- Build data infrastructure for CYSHCN
- Continue the work of the SF Kids Collaborative



CCS and MCAHOur Highest Priorities!

- To continue the critical work of MCAH to support CYSHCN and their families in San Francisco especially in the face of a rapidly changing health care environment.
- Hiring the CYSHCN Senior Health Program Planner in MCAH to get the data we need to drive progress and measure impact for families
- More data sharing and mutually reinforcing activities across organizations in San Francisco that serve CYSHCN

Thank you, from MCAH!



Public Health



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SUPPORT FOR FAMILIES
家庭支援中心

