



Child Health Specialty Clinics

Phone: 319-356-1117
www.chsciowa.org

Promoting & Protecting the Health of Iowans



Erin's Story (as told by her mother)*

When we first adopted Erin, it was difficult for our family to get answers or help for her complex behavioral and developmental concerns. Our adoption specialist at DHS suggested that we call Child Health Specialty Clinics. At CHSC, the Advanced Registered Nurse Practitioner and Staff Nurse conducted a complete developmental and health assessment. Along with the Family Navigator, they made recommendations, helped with paperwork, and coordinated support services.

Through CHSC, our family utilized a variety of services including dietician services, physical therapy, occupational therapy, speech therapy, respite, and parenting classes, all of which have contributed to the growth and development of our daughter.

CHSC has helped us become more understanding about Erin's developmental disabilities and special health care needs. If I'm ever feeling overwhelmed or frustrated, I know I can call my Family Navigator, even if I don't have an appointment. We are now able to anticipate our daughter's needs and have become better equipped to deal with her behaviors at home and in public. Her overall development has progressed greatly and we hope that she continues to get the help she needs at school and in the community.



*Name has been changed

Did you know?

144,410 Iowa children have some degree of a special health care need.
(National Survey on Children's Health, 2007)

Why is Child Health Specialty Clinics important to promoting and protecting the health of Iowans?

- Research suggests that about 15 to 20% of all children 0 to 18 years of age have some type of special health care need.
- Children and youth with special health care needs require services that are more intensive and comprehensive than children and youth without special care needs require. These specialty services are often not available or accessible throughout Iowa.
- Research shows that specialty services are an important addition to primary care services for children and youth who have chronic illnesses or developmental delays.
- Federal rules require that at least 30% of each state's Title V Maternal and Child Health Block Grant be used to focus on children and youth with special health care needs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

- Improve access to direct-care pediatric specialty services, including behavioral consultations and nutrition services through telehealth technology.
- Provide community-based expertise and guidance about specialty care.
- Offer policy and planning expertise to improve the service system for all children and youth with special health care needs and their families.
- Provide care coordination to help families organize needed services so that they can be used easily.
- Provide family support through a statewide family navigator network and partnering family advocacy groups.
- Promote spread of the medical/health home model among community-based primary care providers, especially for improving quality of care for children and youth with special health care needs.

How do we measure our progress?

- 1 Percent of children with special health needs (CSHCN) ages 0-18 years whose families' partner in decision-making at all levels and are satisfied with the services they receive.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2010, Iowa – 75.8%; National – 70.3%.

- 2 Percent of CSHCN ages 0-18 years who receive coordinated, ongoing, comprehensive care within a medical home.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 57.4%; National – 47.1%.

In 2010, Iowa – 47.0%; National – 43.0%.

- 3 Percent of CSHCN ages 0-18 years whose families have adequate private and/or public insurance to pay for the services they need.**

Data Source: National CSHCN Survey. New data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 68.6%; National – 62.0%.

In 2010, Iowa – 64.6%; National – 60.6%.

- 4 Percent of CSHCN ages 0-18 years whose families report the community-based service systems are organized so they can use them easily.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2010, Iowa – 68.0%; National – 65.1%.

- 5 Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 47.3%; National – 41.2%.

In 2010, Iowa – 45.0%; National – 40.0%.

What can Iowans do to help?

1. Iowans who have or know of children or youth with special needs can contact CHSC by visiting www.chsciowa.org.
2. All Iowans can recognize the essential public health role CHSC plays as Iowa's Title V program for children and youth with special health care needs.
3. All Iowans can tell their state legislators about the importance of a system of care for children and youth with special health care needs and their families.
4. All Iowans can be inclusive of children with special health care needs and their families.

Expenditures

General fund & federal grant: K07-0703/0871; 0153-0706

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$788,303	\$791,441	\$1,185,114
Federal funds	\$1,906,555	\$2,051,147	\$2,193,946
Total funds	\$2,694,858	\$2,842,587	\$3,379,060
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.