



Promising Practices Brief

Coordination of Services

National Technical Assistance Center

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Mission:

To increase employment opportunities for Asian Americans and Pacific Islanders with disabilities nationwide.

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Purpose

The purpose of this brief is to illustrate the coordination of services, one of the promising practices for serving Asian Americans and Pacific Islanders (AAPIs) with disabilities identified in a nationwide survey of rehabilitation administrators. It was developed as part of a series of promising practice briefs. As part of a continuing effort to increase employment opportunities for the population we serve, the National Technical Assistance Center for AAPIs with disabilities (NTAC-AAPI) distributed a survey to rehabilitation administrators across the United States. Of the 80 state agencies surveyed in 2005, 34 agencies responded (42.5%). The results of that survey are currently being used to guide and enhance rehabilitation service provision.

Coordination of Services

Asian Americans and Pacific Islanders (AAPIs) with disabilities often need assistance accessing vocational rehabilitation services. To help explain the concept and benefits of coordinating services for AAPIs, the programs described below serve as good examples. The Oregon Center for Children and Youth with Special Health Needs (CCYSHN) has two community-based programs that provide for a statewide system of care. CCYSHN believes raising a child with special health needs can be confusing and exhausting – not just for the parents, but for the entire family. While it can be challenging, the Oregon program believes it is also extremely rewarding and something to which they are committed. An example of such a challenging situation would be child and his or her family needing the services of many different professionals and agencies that require them to travel far away from home for specialized health care. CCYSHN's two programs that ease the burden of families are: CaCoon (a CAre COordinatiON program) and the Community Connections Network (CCN). CaCoon is public health care coordination provided by public health nurses with specialized training and the Community Connections Network (CCN) is a statewide system of community-based multidisciplinary teams that provide coordinated care. Both programs provide local support to assist families. Generally, they:

- Help parents find resources
- Help coordinate services
- Provide information

As for AAPIs with disabilities, helping them access and utilize vocational

rehabilitation services may be a tough job, one with many obstacles, but it is extremely rewarding to help an individual access services and improve his or her functioning and/or employability. As with children with special health needs, AAPIs with disabilities may also need extensive services from various professionals; however, AAPIs' heritage, culture, family dynamics and religious beliefs establish the need for coordinated services. Moreover, unfortunately, most people may generally assume that AAPIs have few problems because their Asian heritage discourages them from standing out or being the center of attention, and as such, they may resist seeking help. However, with 14% poverty, 17 % uninsured, and 40% limited English proficiency rates (Weir, Tran & Tseng, 2005), 'few problems' may not be completely accurate.

The Association of Asian Pacific Community Health Organizations (AAPCHO) in California correlates to the CCYSHN program in Oregon. AAPCHO (2004) is a national association representing community health organizations dedicated to promoting advocacy, collaboration and leadership to improve the health status and access for Asian Americans, Native Hawaiians and Pacific Islanders within the United States, its territories and freely associated states, primarily through member community health centers. AAPCHO's website and several others where individuals with similar circumstances can be found and contacted for information are listed at the end of this brief. The goal of coordination is to help individuals learn new skills to become as independent as possible in caring for themselves. Specifically, through community-based care coordination, anyone with complex medical conditions can receive help from a local public health nurse who can:

- Answer questions about health needs and special care
- Help find special services as close home as possible
- Help prevent problems that could be related to a health condition
- Support families in times of stress and crisis
- Work with primary care physician to coordinate health care and specialty services
- Help families identify specialty financial services for which they may qualify

Moreover, according to the Texas Department of Family and Protective Services (n. d.), coordination takes place at both state and local levels. The Texas Department's mission is to protect not only children, but also the elderly, and people with disabilities from abuse, neglect, and exploitation by working with clients, families, and communities. Moreover, Texas' Government Code requires coordinated planning and delivery of health and human services, including compliance with a coordinated strategic plan, co-location of services, integrated intake and coordinated referral and case management. Goal 5 of Texas' Health and Human Services (HHS) Coordinated Strategic Plan is to provide an accessible and efficient service coordination process, including a transportation system, specialized assistance and policy coordination. The government of Texas has been a leader and an innovator in coordination ideology.

Behavioral Health Coordination

In terms of behavioral health, the Arizona Department of Behavioral Health Services (2004) claims effective communication and the coordination of services are fundamental objectives for behavioral health providers when serving persons involved with other government entities (e.g., state agencies). In their words, when a behavioral health provider and other government entities/service providers coordinate care efficiently, the following positive outcomes can occur:

- Services are coordinated and delivered safely
- Duplicative and redundant activities, such as assessments, service plans and agency meetings are minimized
- Continuity and consistency of care are achieved
- Clear lines of responsibility and accountability across service providers in meeting the needs of the person and family are established
- Limited resources are effectively utilized

The three examples above illustrate efforts by states that have learned the benefits of coordinating care for marginalized populations. Three individual providers have also made the same realization.

Promising Practice/Voices from the Field

Rehabilitation providers who work with AAPIs are an excellent resource for identifying “tried and true” techniques for reaching each and every rehabilitation consumer. Their comments provide insight and further make the case for coordinating services:

Cynthia Lovell (2005), the Director of the Division for the Visually Impaired in Delaware indicated in a survey that the coordination of services “based on interests, skills, abilities and priorities” was a promising practice (p. 3). Although her comments were not minority-specific, logically, AAPI that have been forced or chosen to relocate and those who may have limited proficiency in English might have very different interests, skills, abilities and priorities than native-born, English-proficient Americans.

Sheila Sakizzie (2006), a Vocational Rehabilitation Counselor from the Idaho Division of Vocational Rehabilitation adds, “Vocational Rehabilitation clients are rarely receiving services from only one government agency or human service organization. Part of the role of the VR counselor is therefore to coordinate services that the client is receiving so that the person has whatever supportive services are needed for success.”

For example, Sakizzie continues, “one of my current clients receives medication and medication monitoring, psychosocial rehabilitation services, adult day care, and targeted service coordination, all Medicaid-reimbursed services. While none of these is directly related to his vocational goals, these supportive services will hopefully help him to succeed in finding and maintaining employment. As I arrange for him to enter job skills training; that adds another service that needs to be coordinated with other services he’s receiving.” She concludes, “I sometimes find that while I am encouraging a client in one direction, other “helpers” are sending quite opposite messages. If a mental health counselor feels the person should attend training while I am encouraging the person to find employment and gain work experience, our efforts are counterproductive. Another aspect of service coordination is to ensure that all those who are working with an individual are working with that person toward a common goal” (Sakizzie, 2006).

Brian A. Jones a rehab provider from Idaho claims, “Coordination of services is essentially any and all contact made by a counselor to ensure services are provided and to obtain details regarding the date and time of the service provided. The most common example is telephone contact for arrangement of payment to a vendor or other social service provider and is primarily a case management function. An example would be a counselor who utilizes telephone contact to coordinate mental health counseling for a client who has been abused” (2006).

Moreover, the effort to coordinate services can benefit communities by assisting them to identify services that overlap, as well as those services that are not readily available within that community. This recognition provides them with the opportunity to assess its available resources (expertise, money, facilities, and staff), and help to meet the needs of the community’s residents. Once this assessment is made, the community may take action to ensure that services are available to meet those needs.

Finally, the coordination of services frequently results in improved services for individuals and their families because services are often easier to access and are responsive to commonly-experienced needs.

Resources

Coordination of services is clearly important for AAPIs with disabilities. Several Websites may assist individuals seeking coordination advice or assistance in making it happen. Please visit:

Family Village This is a global village that integrates information, resources, and communication opportunities for people with chronic health conditions or disabilities and for their families, and professionals. Web: www.familyvillage.wisc.edu

Mothers United for Moral Support (MUMS) matches parents or care providers of a child with any disability, disorder, chromosomal abnormality or health condition with other parents whose children have the same or similar condition. Their database includes more than 16,000 families from 49 countries covering more than 2,800 disorders. Web: www.netnet.net/mums

National Fathers Network This is an advocacy and support network for men who have children with special health needs or developmental disabilities. Web: www.fathersnetwork.org

Family Voices National Office Parent organization that provides advocacy and support, publishes a bi-monthly newsletter, and has chapters in each state. Web: www.familyvoices.org/

PACER Center The Parent Advocacy Coalition for Educational Rights (PACER) Center at the University of Minnesota has excellent information about transition for parents and professionals. Issues addressed include employment strategies for youth and adults with disabilities, health care, and understanding requirements of the Individuals with Disabilities Education Act (IDEA). Web: www.PACER.org

The Association of Asian Pacific Community Health Organizations This site is a great resource to search for much needed data pertaining to AAPI health and community health centers. Web: <http://www.aapcho.org/site/aapcho/section.php?id=10897>

Author Notes

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CENTER ON DISABILITY STUDIES

The information in this brief can be provided in accessible format upon request
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