

# CMSN Needs Assessment Stakeholder Advisory Group

## Title V 5-Year Needs Assessment Final Report

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### Presenters

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# Background

- ❖ States receiving Title V funds are required to complete a needs assessment every 5 years.
- ❖ The goal of the needs assessment is to improve services and outcomes.
- ❖ Florida began its needs assessment in May 2014 and will submit the report with its Title V Block Grant application in June.



*The Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. Title V funds assist states in improving the health of all mothers, women, children, and youth, including children and youth with special health care needs.*

# Needs Assessment Framework



# Data Collection & Analysis

- ❖ Survey #1: In August 2014, a Stakeholder Advisory Group (SAG) was asked to write down the 5 top needs of children with special health care needs (CSHCN) in Florida.
- ❖ Survey #1 results were categorized and streamlined into a shorter list of 22 needs.
- ❖ Survey #2: In October 2014, parents, health care providers, CMSN staff, and other stakeholders were surveyed to assess the 22 needs as to whether they should be a high, medium, or low priority for CMSN.

# Survey #2 Needs

1. Access to mental health care
2. Access to dental care
3. Access to specialty care other than dental or mental health care
4. Access to care in rural areas
5. Respite
6. Housing
7. Transportation
8. Obesity services
9. Substance abuse services
10. Medical homes
11. Family-centered care by providers
12. Family-centered care by care coordinators

13. Knowledge of community resources
14. Coordination with specialist providers
15. Education for parents about disease management
16. Child care
17. Accurate information about CMSN
18. Parents being able to navigate CMSN
19. Coordination with schools
20. Shared decision-making with providers
21. Shared decision-making with care coordinators
22. Transition

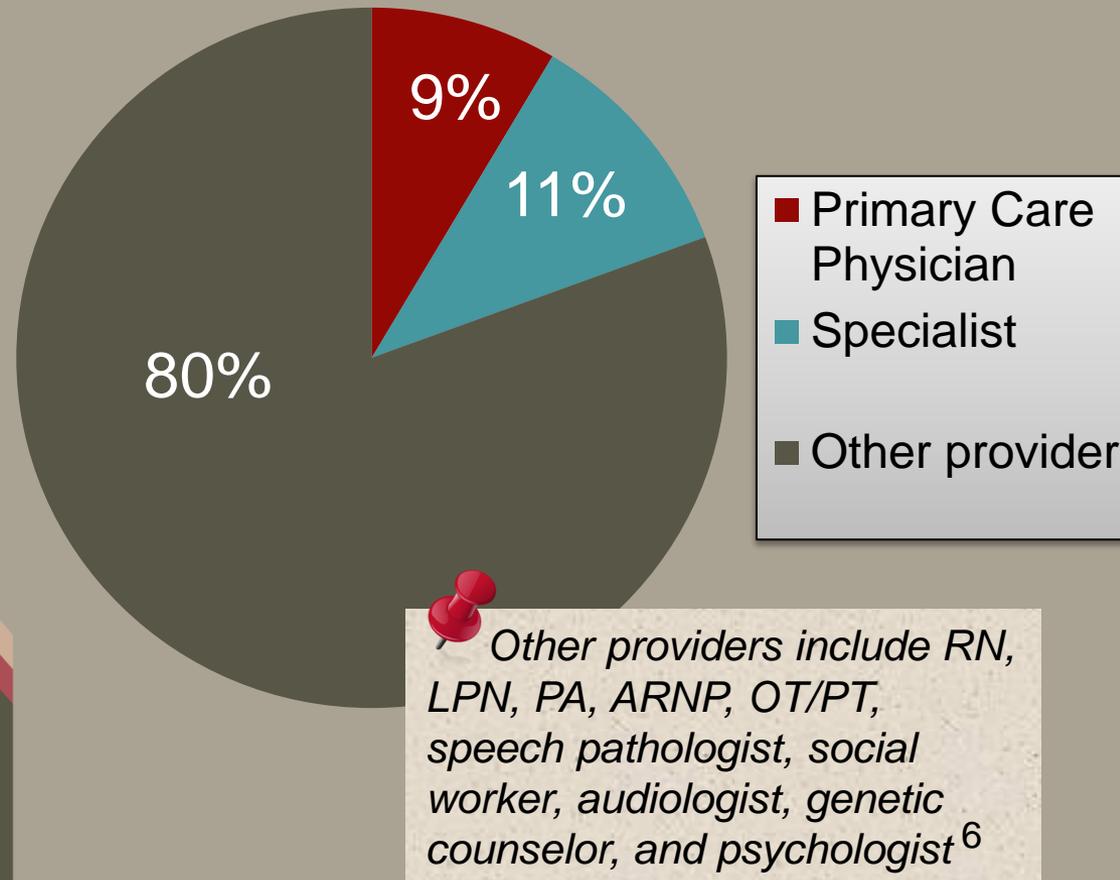
# Survey #2 Staff

364 Respondents

October 2014

- ❖ Emailed to 1121 CMSN employees, medical directors, and ICS partners
- ❖ 59% providers; 41% staff/administrators
- ❖ Response rate cannot be calculated as recipients were asked to forward the survey to other CMSN stakeholders

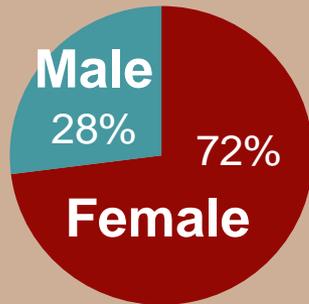
59% (216) of respondents were medical health professionals that provide care to CSHCN



# Survey #2 Parent

## ❖ 431 Respondents

- ❖ 30 SAG (62% response)
- ❖ 401 clinic



White 49%

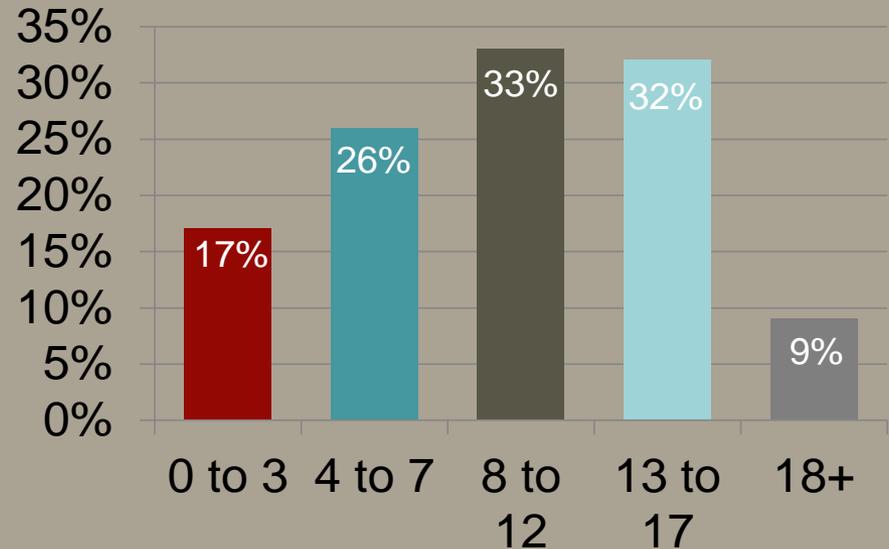
Black 28%

Hispanic 20%

Asian 2%

Other 1%

## Ages of Children



# Top Needs Advanced to Capacity Examination

## Top Needs from Survey #2

1. **Access to dental care**
2. **Accurate information about CMSN**
3. **Being able to navigate CMSN**
4. **Access to specialists other than mental or dental**
5. **Coordination with specialist providers**
6. **Knowledge of community resources**
7. **Education for parents on disease management**
8. **Shared decision making with Care Coordinator**

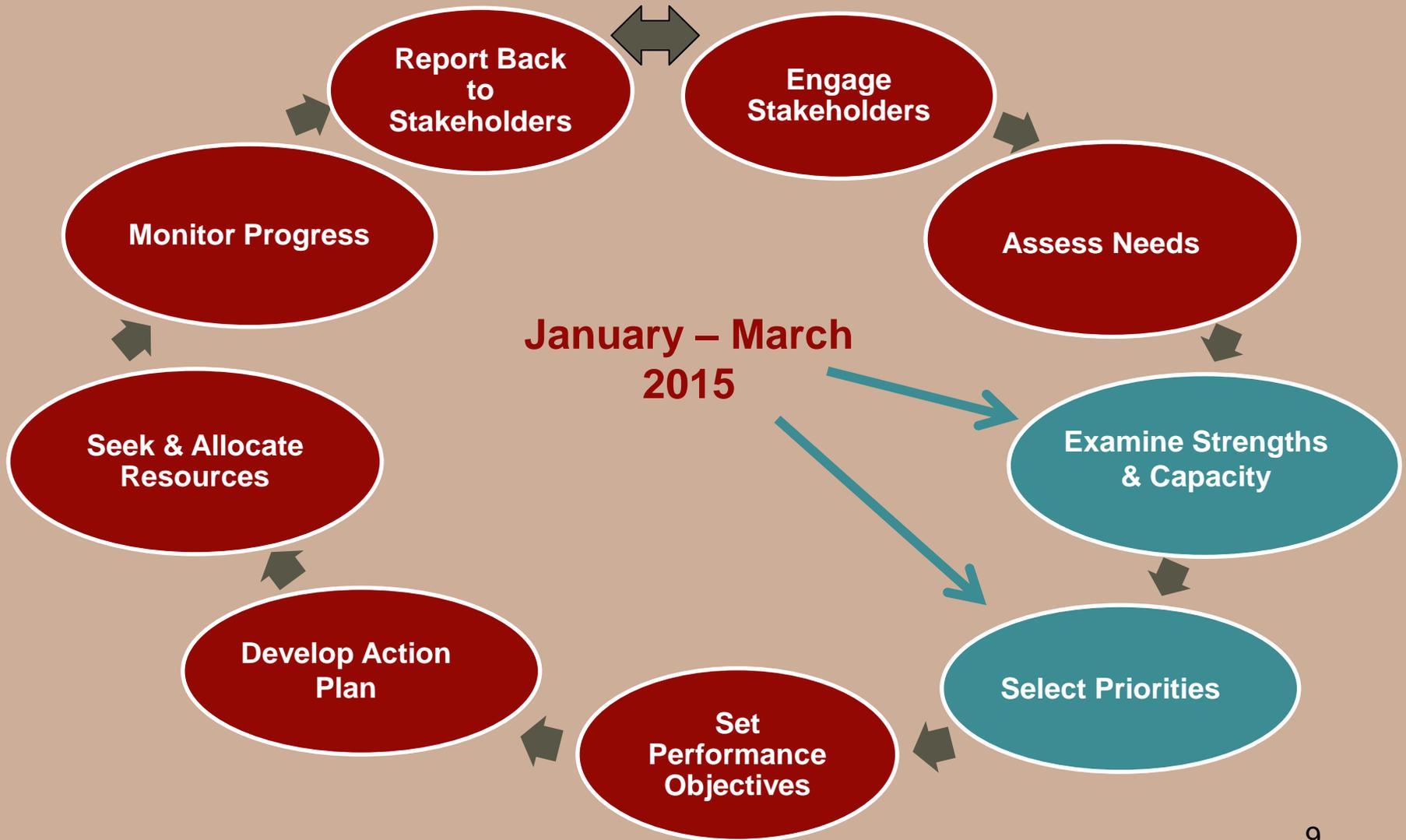
## Others

1. Medical home
2. Transition
3. Access to Mental Health Services
4. Access to care in Rural Areas



*Accurate information about CMSN and ability to navigate CMSN were combined as one issue, resulting in a final list of 11 top priority needs.*

# Needs Assessment Framework



# Strengths & Capacity Examination

- ❖ The 11 priority needs were explored via the development of an issue package for each need comprised of an issue brief and two CAST-5 assessment tools.
- ❖ Issue package developers were selected by CMSN based upon knowledge of the issue within CMSN and throughout the state.
- ❖ Collaboration with other stakeholders in completing the brief and assessment tools was encouraged.



*Capacity Assessment for State Title V (CAST-5) is a set of tools to assist state Title V programs in examining their capacity to carry out core maternal and child health (MCH) functions.*

## TRANSITION

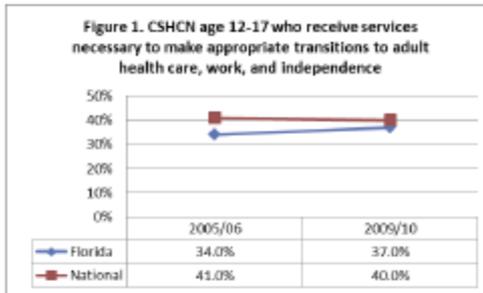
### Public Health Issue

The transition from pediatric to adult healthcare has become a priority nationwide as indicated by a consensus statement and report developed jointly by the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians. [1] Effective transition is especially important for children with special health care needs who are less likely than their non-disabled peers to finish school, go to college, or secure employment. [2]

When transition is successful it can maximize lifelong functioning and wellbeing. Proactive coordination of patient, family, and provider responsibilities prior to becoming an adult better equips youth to take ownership of their health care as adults. [1]

### Magnitude and Trend

Using data from the 2005-2006 and 2009-2010 National Survey of Children with Special Health Care Needs, Figure 1 shows that although Florida is moving in the right direction, the percentage of children with special health care needs receiving appropriate transition services from their health care providers is less than the national average. From 2005-2006 to 2009-10, Florida did show a 3.2 point increase (9.4%) in this outcome. The range across all states in 2009-2010 was 38.7% to 41.4%. [3]



Children's Medical Services Network conducts surveys with parents each year and transition is a topic in the survey. Figure 2 shows that the percentage of families who report that their child's Children's Medical Services Network care coordinator discussed transition with them has remained relatively constant for the past three years. [4]

Figure 2. Percentage of Florida parents who reported their CMSN Care Coordinator discussed their child's healthcare needs as they become an adult

	2011-2012	2012-2013	2013-2014
Florida Title XIX Reform	32%	32%	34%
Florida Title XIX Non-Reform	32%	32%	26%
Florida Title XXI	30%	27%	26%

As part of the Title V Needs Assessment Process, the Children's Medical Services Network conducted a convenience survey of parents of children with special health care needs and staff/providers in October 2014. Respondents were asked to prioritize what needs of children with special health care needs Children's Medical Services Network programs should work on. Parents answered from their family's perspective and providers from their experience with patients.

- 46% of providers assigned assistance with transition services a "high priority" need that Children's Medical Services Network should work on immediately
- 18% of parents said that assistance with preparing their child to transition to the adult health care system was a "high priority" need [5]

# Issue Briefs

- ❖ Summarized current *state of the need* in Florida
- ❖ Compared state and national data
- ❖ Listed current programs/initiatives addressing the need

# CAST-5 SWOT Analysis

The SWOT Analysis asked developers to identify the strengths, weaknesses, opportunities, and threats relevant to CMSN/DOH and other state programming impacting the need.

SWOT Analysis Tool	
<p><b>Issue: Transition</b></p>	
<p><b>Strengths</b> (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships; organizational culture; organizational structure)</p> <ul style="list-style-type: none"> <li>• JaxHATS program has much experience in transitioning YSHCN to adult providers.</li> <li>• FloridaHats, while relatively new, will create a statewide network for transition.</li> <li>• Many CMSN staff and parents view transition as an issue that is important.</li> </ul>	<p><b>Opportunities</b> (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)</p> <ul style="list-style-type: none"> <li>• The Affordable Care Act extends coverage of teens on their parents insurance to age 26 - this could lead to changes in infrastructure in the health care system.</li> <li>• CMSN could recruit medical directors from all Area Offices and programs to participate in regional coalition meetings.</li> <li>• A dynamic statewide physician transition consultant could recruit community and state partners.</li> </ul>
<p><b>Weaknesses</b> (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)</p> <ul style="list-style-type: none"> <li>• Transition data collected in CMSN surveys, and national surveys, shows little to no progress made over time.</li> <li>• Materials exist for addressing transitions with families, but they are costly to print.</li> <li>• FloridaHATS is relatively new and there are not yet health care transition coalitions statewide.</li> <li>• At the present time, the FloridaHATS contract does not have a physician transition consultant who can partner with transition champions at the physician level.</li> </ul>	<p><b>Threats</b> (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)</p> <ul style="list-style-type: none"> <li>• New federal reporting (CHIPRA) and AHCA performance measure reporting does not address transition. As such, it may become less important of an issue.</li> </ul>

## Capacity Needs

CAST-5

Second Edition

*A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center*

Capacity Assessment for State Title V (CAST-5) is a set of assessment and planning tools for state Title V Maternal and Child Health Services Block Grant programs interested in examining their organizational capacity to carry out key MCH program functions. For more information on CAST-5, visit [www.amohp.org/cast5](http://www.amohp.org/cast5).

### Need: Transition

Capacity Need	Have	Need	If need, for what area(s) of programmatic performance?
<b>Structural Resources</b>			
1) Authority and funding sufficient for functioning at the desired level of performance	X		
2) Routine, two-way communication channels or mechanisms with relevant constituencies		X	FloridaHATS is addressing this.
3) Access to up-to-date science, policy, and programmatic information		X	Need to work to ensure up-to-date evidence that is being used at local level
4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures)		X	FloridaHATS is addressing this.
5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans		X	FloridaHATS is partially addressing this issue with the Health Care Transition Training for Health Care Professionals course which is available to anyone who wants to take it.
6) Mechanisms for accountability and quality improvement		X	CMSN is developing the CMSN Health Care Transition Policy to address accountability of CMSN employees and providers.
7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle		X	
<b>Data/Information Systems</b>			
8) Access to timely program and population data from relevant public and private sources	X		
9) Supportive environment for data sharing		X	Need data from ICHP to analyze by subgroups
10) Adequate data infrastructure	X		
<b>Organizational Relationships</b>			
11) State health department/agencies/programs	X		The Florida Department of Health has included transition as part of the State Health Improvement Plan.
12) Other relevant state agencies	X		Some have been identified, improved partnership is needed
13) Insurers and insurance oversight stakeholders		X	Most health plans do not pay for transition planning.
14) Local providers of health and other services	X		
15) Superstructure of local health operations and state-local linkage		X	Could link data from JaxHATS to statewide data (claims, registry etc.)

# CAST-5 Capacity Needs Worksheet

The Capacity Needs Worksheet asked developers to inventory and assess the adequacy of resources necessary to effectively address the need.

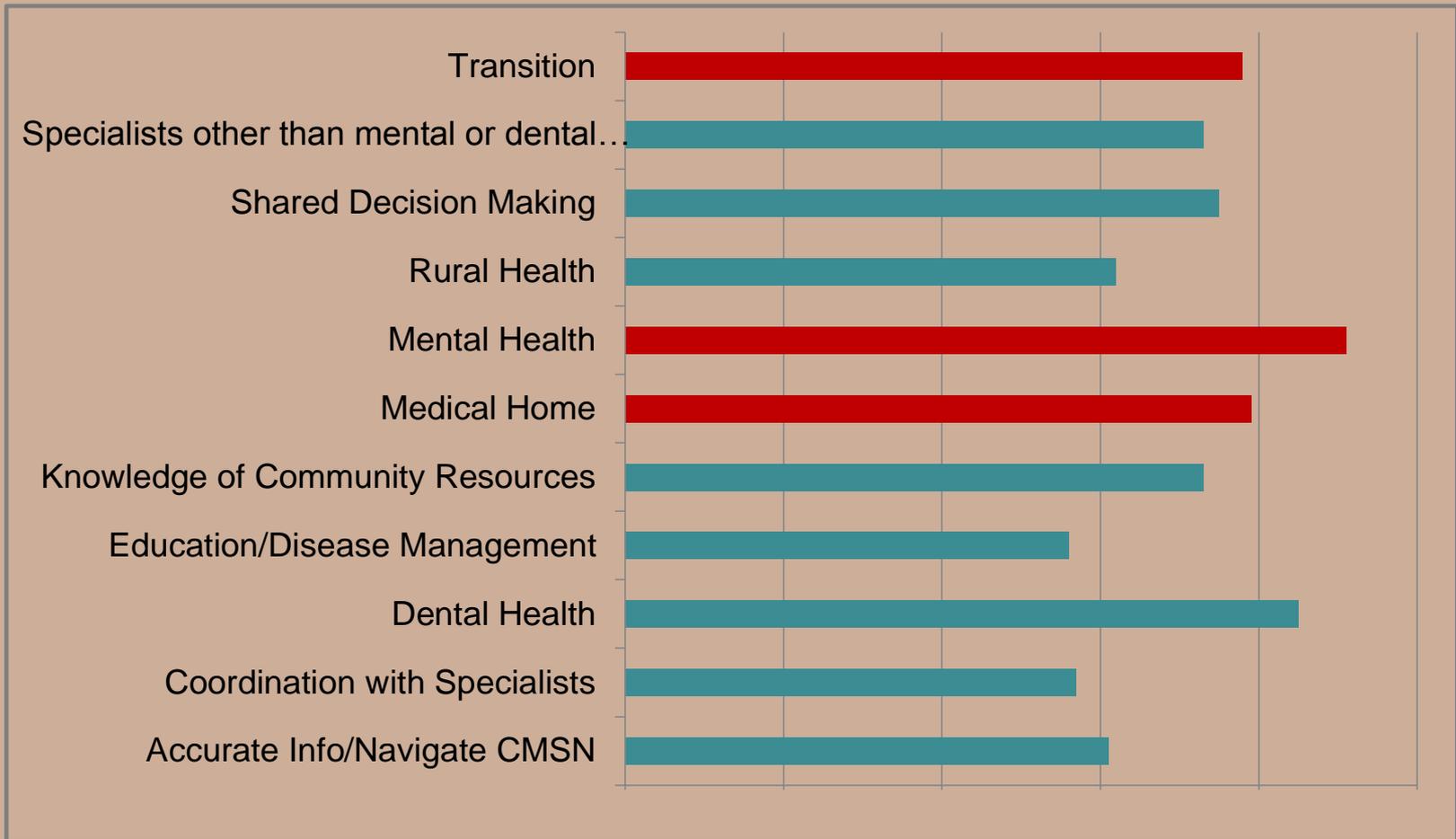
# Strengths & Capacity Examination

- ❖ Completed issue brief packages were reviewed by the CMSN legal team and submitted to a scoring group January 27.
- ❖ Scorers consisted of representative CMSN state program directors and an Early Steps representative.
- ❖ Scoring helped determine CMSN's capacity to address each need and which needs should be selected for action planning over the next 5 years.

# Strengths & Capacity Examination

- ❖ The scoring instrument was adapted for CMSN from the instrument used by the MCH division in their needs assessment.
  
- ❖ Issues were scored on the following criteria
  - Magnitude
  - Trend
  - Alignment with national or state goals
  - Initiatives/practices in place addressing the issue
  - DOH Capacity
  
- ❖ The higher the value or points earned by the priority need, the more urgent and actionable the need.

# Priority Needs Scoring Summary



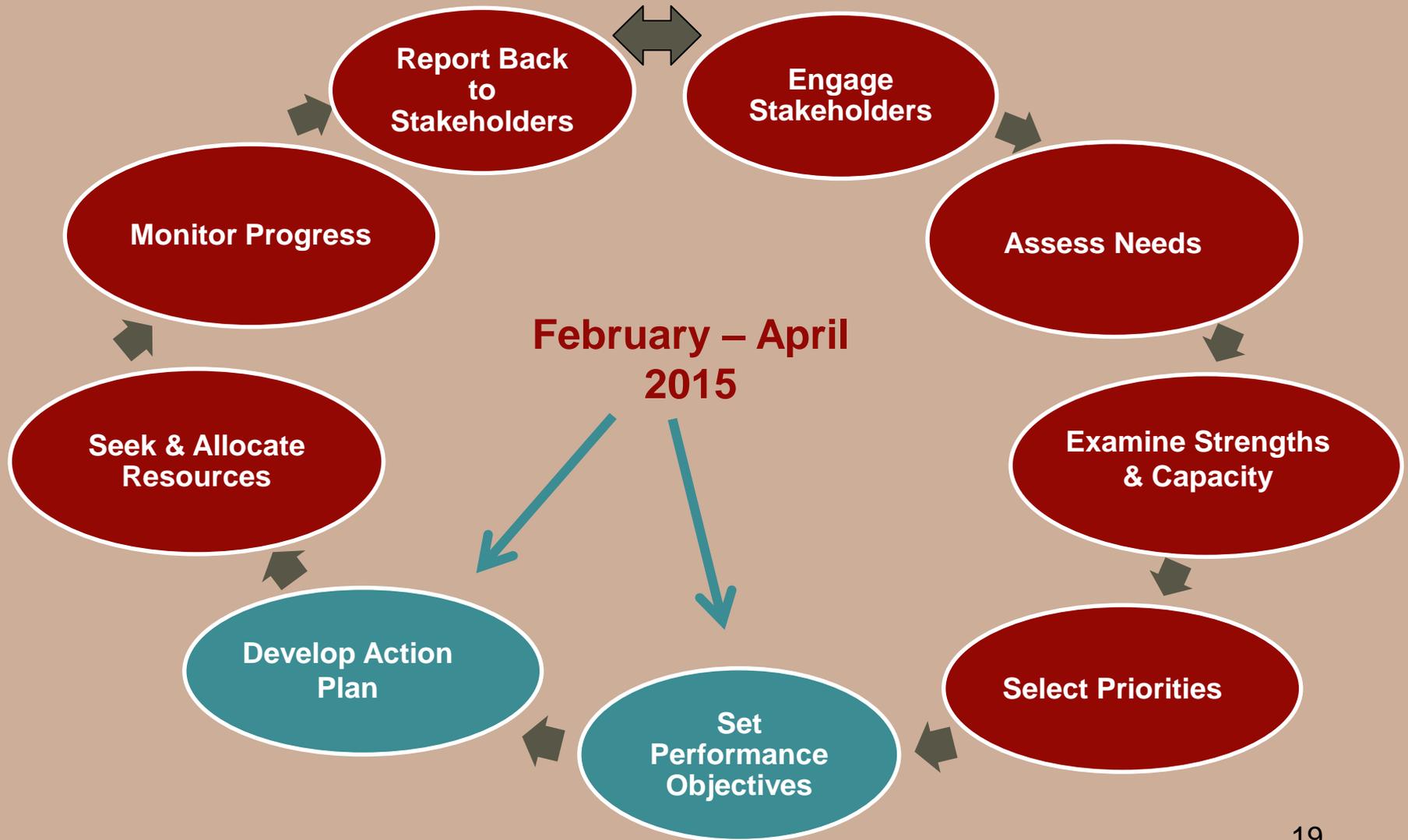
# Priority Need/Issue Selection

- ❖ Scores were examined by a priority selection team comprised of senior CMSN leadership and representative regional medical and nursing directors.
- ❖ Based upon scores, other Needs Assessment findings, and the requirement that some priority needs conform to MCH National Performance Measures, the three priority needs identified to be addressed by CMSN in Florida's Title V 5-year action plan are
  - Transition
  - Medical Home
  - Mental Health

# Questions / Feedback?



# Needs Assessment Framework



# Action Plans -- Committees

- ❖ Needs Assessment leadership determined that stakeholders should take the lead in setting performance objectives and designing action plans for the priority needs identified in the Needs Assessment.
- ❖ Chaired by CMSN regional nursing directors, committees were recruited from the SAG and other partner agencies. Parents and providers, including a CMSN medical director or former director, participated on each committee.



*All committee work was conducted via conference call and email.*

# Medical Home Action Plan Highlights

- ❖ Formation of Medical Home Stakeholder Group to refine plan elements and to provide accountability for plan implementation.
- ❖ Assign levels of “medical homeness” to primary care pediatricians (Levels 1-2-3).
- ❖ Provide pediatricians with education and other support to encourage adoption of medical home policies and practices and pursuit of increasing levels of medical home designation.

# Medical Home Action Plan Highlights

- ❖ Begin performing acuity assessment on CMSN enrollees.
- ❖ Increase number of high-acuity CMSN enrollees assigned to primary care practices with highest level of “medical homeness.”
- ❖ Collaborate with the Florida Pediatric Medical Home Leadership group in its mission to promote medical homes in Florida.
- ❖ Explore co-location of CMSN care coordinator with practices achieving highest level of “medical homeness.”

# Questions / Feedback?



# Transition Action Plan Highlights

- ❖ Regional Transition Navigators to assist providers in developing policy and establishing transition-specific medical homes related to the Six Core Elements of Healthcare Transition.
- ❖ Development and maintenance of transition registry and data base of adult providers.
- ❖ Increase awareness about existing educational opportunities available to providers, families, and external partners.

# Transition Action Plan Highlights

- ❖ Require annual transition education for CMSN care coordinators. FloridaHATS to develop specific module for care coordination.
- ❖ Implementation of transition staffing for all CMSN-enrollees age 18-21.
- ❖ Development of a Transition Ambassadors program staffed by young adults to engage YSHCN regarding the importance of self-determination in transitioning from pediatric to adult health care and other areas such as work and education.

# Questions / Feedback?



# Mental Health Committee Highlights

- ❖ Exploration of integrated primary and behavioral care models that will address disparities with provider expertise, geography, services coordination, etc.
- ❖ Increased educational opportunities for primary care providers, care coordinators, and others on mental health topics.
- ❖ Creation of an annotated specialist directory.



# Mental Health Committee Highlights

- ❖ Strategies to decrease racial disparities in families seeking treatment for autism.
- ❖ Will address issues related to continuity of care that have resulted from families switching plans under AHCA.
- ❖ Increasing awareness among parents about existing educational and support resources available to them.
- ❖ Raising awareness about infant mental health.



# Questions / Feedback?



# Next Steps

- ❖ Needs Assessment is an ongoing process. The action plans will be updated each year.
- ❖ Engaging stakeholders will also continue.
  - Let us know if you'd like to participate on advisory groups to be formed.
  - Regular communication with this stakeholder group will continue. Let us know if you'd like to be removed.



Contact CMSN at [kelli.stannard@flhealth.gov](mailto:kelli.stannard@flhealth.gov)

# Next Steps

- ❖ Needs Assessment final reports are being drafted now
  - ❖ Needs Assessment Summary for Block Grant Application. CMSN data will be merged with MCH data.
  - ❖ Comprehensive Report for CMSN use and to be linked to Application.

# Thank you!

## Let us hear from you . . .

- ❖ Please email us with

- ❖ Feedback on today's webinar

- ❖ Feedback on CMSN's 5-Year Action Plans discussed today and emailed to you

- ❖ Please respond by May 6

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# Title V 5-Year Needs Assessment Resources

- ❖ Florida's 2010 Title V 5-Year Needs Assessment  
<https://mchdata.hrsa.gov/TVISReports/Documents/NeedsAssessments/2011/FL-NeedsAssessment.pdf>
- ❖ Directory of state 2010 Needs Assessments  
<https://mchdata.hrsa.gov/TVISReports/NeedsAssessment.aspx>
- ❖ General Information  
<http://mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pdf>