California Children's Services Program Redesign:

Update on Title V Needs Assessment

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What is Title V

- The MCHB program for mothers, children, families
- Enacted in 1935 as part of Social Security Act
- Goals
  - Reduce health disparities,
  - Improve access to health care, and
  - Improve the quality of health care.

Title V and CSHCN

- At least 30% of funds for CSHCN
- For CSHCN, the mandate is:
  - To provide and promote family-centered, community-based, systems of coordinated care;
  - To facilitate the development of <u>community-based systems</u> of services for such children and their families.

Title V Needs Assessment Purpose

- Assess systems and health care needs, then <u>what the Title V role is</u> in addressing those needs.
- Needs Assessment results in priorities, goals and objective/measures.
- Needs Assessment lays the groundwork and forms the basis for the **<u>State Action Plan.</u>**

2015 Needs Assessment Steps with FHOP at UCSF

- Title V Stakeholder 'kick-off' meeting
- Workgroups
- Key Informant Interviews
- Family Survey
- Focus groups
- Provider Survey
- CMS Net and enrollment data
- Priority Setting
- Action Plan

Workgroups and Key Informants

- **Workgroups** provided key input in the following:
  - key informants
  - family survey
  - family focus group
  - physician focus group
- **Key Informants**–
  - CCS Administrators, CCS Providers, Academics, Professional/advocacy groups, Parents

Family Survey

- Developed collaboratively with CCS, stakeholders, parents
- Administered by CCS counties at the time of annual medical renewal or at MTU
- Goal – survey 5% of caseload
- Survey period 7/6/14 - 11/15/14

Focus Groups

- Focus Groups were composed of:
  - Parents of CCS or other CSHCN
  - CCS Administrators
  - CCS Providers
  - Hospital Administrators
- In LA, Central Valley, NorCal, SF Bay Area

Preliminary Family Survey Results

- Around 4,500 surveys completed, results from 2,300 here.
- Age: over 50% were age 10 or under; 17% were age 17 or older.
- Race/ethnicity: Hispanic 40%; White 33%; Asian 10%; Black 6%.
- Language: respondents reported need for interpreter for care, 80% Spanish, 10% Vietnamese, 6% Chinese, 2% Tagalog.
- Over 95% report child having PCP.
- **Average CCS child sees between 3 – 4 specialists.**
- Over 90% seeing specialist when needed.
- Almost all satisfied with specialist care.
- Over 90% satisfied with DME, medications.
- 15% not satisfied with how care is coordinated.

Preliminary Family Survey Results

- 75% aware child has case manager
- Over 80% satisfied with case manager
- Transition – respondents report that it is usually not addressed; when CCS assists family in finding adult provider, only 30% successful

Preliminary Focus Groups Results

- Coordination
- Provider Capacity
  - Paneled MDs
  - Mental Health Providers
  - Telehealth
- Managed Care
- CCS Operations

Next Steps in Needs Assessment

- Analysis
- Priority Setting
- Action Plan Development, through June 2015

Opportunities

- Provider capacity
- Care coordination
- CCS administrative changes
- Parent voice essential in the stakeholder process

Thank You

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