

Illinois Title V Overview, CYSHCN & Priorities (2021-2025)

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National Title V Overview

- Created in 1935; Title V of Social Security Act
- Focuses on improving the health and well-being of the nation's mothers, infants, children (including those with special needs), and their families
- Administered by the Health Resources and Services Administration (HRSA)
- 59 states and jurisdictions receive funding





Taking a Look at Illinois

Who we serve

- 12.8 million people (6th largest state population)
- 2.6 million reproductive-aged women (15 to 44 years)
- 3 million children
- 155,000 hospital births in 2014



Illinois Title V Funding & Structure

- \$21 million annually
- CYSHCN Sub-award → UIC-Division of Specialized Care for Children (specified in the state legislature)
- Chicago Department of Public Health (CDPH) MCH Mini-grant → localized version of the Title V Block Grant in Chicago.



Overview - IL Title V Needs Assessment

Develop Data Sheets to Review Baseline Data Included quantitative data (e.g. NPMs) and qualitative data from listening session with the Illinois MCH Family Council members Advisory Council Meeting #1
Convened small group of stakeholders;
provided overview of Title V and Needs
Assessment process, discussed
emerging topics, reviewed data sheets,
& identified additional data needs

Gather Additional Qualitative Data on Children Conducted key informant interviews with School Health Program staff, listening sessions with youth advisory councils at School-Based Health Centers, and survey for UIC-DSCC Families Advisory Council Meeting #2
Discussed impressions of data,
reviewed relevance of 2015-2020
priorities, & identified additional
data needs

Gather and Analyze Additional Data Finalized indicators to be published in DataBook, & conducted qualitative analysis of PRAMS comments Synthesize and Incorporate Feedback on Priorities from Advisory Council

Gathered feedback (keep, change, remove, add) from Advisory Council on 2015-2020 priorities.

Solicited comments from Advisory Council on proposed 2021-2025 priorities.

Generate 2021-2025 Priorities

Using analyses of current health status and feedback from Advisory Council, proposed new priorities for 2021-2025 grant cycle

Elicit Feedback From Consumers Conducted a listening session with Illinois MCH Family Council to review proposed 2021-2025 priorities.

Agency Capacity and Budget Assessment
Key informant interview with IDPH Title V
leadership to evaluate agency capacity
and budget in the context of developing
new strategies that address priorities

Workforce Capacity Assessment
Administered survey for IL Title V Staff
(IDPH and UIC-DSCC) to identify workforce
and training needs

Partner Assessment
Administered survey for key IL Title V
Partners to identify training needs, assess
quality of partnerships, and identify areas
for improvement

Expert Panel Webinars

Recruited larger group of stakeholders; Hosted a total of 4 webinars (2 aimed at women/maternal/infant and 2 aimed at children/CYSCHN/adolescents) to review proposed 2021-2025 priorities and identify strategies

Public (Consumer) Input

Developed and deployed a public input survey on social media to identify MCH issues and ensure alignment between proposed priorities and consumer needs

<u>Develop 2021-2025 Action Plan</u> Synthesized feedback and capacity assessments and developed 2021-2025 Action Plan Expert Panel Feedback Gathered feedback via email on drafted Action Plan

Public Comment

Posted FY21 Application/ FY19 Report and accompanying 2021-2025 Action Plan on IDPH website for public comment and addressed comments



Steps in IL Needs Assessment:

- 1. Assessment of health needs in each population
- 2. Development of 2021-2025 priorities
- 3. Assessment of workforce and agency capacity
- 1. Development of strategies and final Action Plan

Illinois Priorities - FY 2021-2025

#1: Assure
accessibility,
availability, and
quality of preventive
and primary carefor
all women,
particularly for
women of
reproductive age.
Repeat

#2: Promote a comprehensive, cohesive, and informed system of care for all women to have a healthy pregnancy, labor and delivery, and first year postpartum.

New

improve birth and infant outcomes.

Repeat

#3: Support healthy

pregnancies to

#4: Strengthen families and communities to assure safe and healthy environments for children of all ages and enhance their abilities to live, play, learn, and grow.

#5: Assure access
to a system of care
that is youthfriendly and youthresponsive to assist
adolescents in
learning and
adopting healthy
behaviors.

Revised

#6: Strengthen transition planning and services for children and youth with special health care needs.

Revised

#7: Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.

New

#8: Strengthen
workforce capacity
and infrastructure
to screen for,
assess, and treat
mental health
conditions and
substance use
disorders.

Repeat

#9: Support an intergenerational and life course approach to oral health promotion and prevention.

New

#10: Strengthen the MCH epidemiology capacity data systems.

Revised

Domain: Women/Maternal, Perinatal/Infant, Child Health, Adolescent, CYSHCN, Cross-Cutting



Types of Strategies

- Convene a Taskforce
- Develop and Disseminate Best Practices
- Partner with other Organizations to Develop Plans/Processes
- Produce Data Reports
- Provide Education/Information
- Monitor health status/monitor interventions to address health status concern
- Support other Organizations through Technical Assistance



Title V Priorities (2021-2025)

#6: Strengthen transition planning and services for children and youth with special health care needs.

Revised

#7: Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs.

New

CYSHCN

Each priority must have at least one:

- Evidence-based program or strategy
- Mechanism for routine feedback from consumers, families and communities to guide decisionmaking and program planning
- Publication annually on TBD topic or Title V program
- Program or strategy that is applying a health equity framework



Proposed Action Plan

#6: Strengthen transition planning and services for children and youth with special health care needs.

Revised

- A. Develop and implement a youth transition council.
- B. Promote public education on transition services through use of social media and outreach presentations at community organizations.
- C. Implement a transition curriculum for youth and caregivers; and improve linkage to online guardian resources.
- D. Partner with health care providers to educate and support practice initiatives focused on preparation for transition to adulthood, including providing technical assistance to practices on using the 6 Core Elements of Transition 3.0 Toolkit for Providers, and developing youth-focused educational resources for provider practices.



Proposed Action Plan

#6: Strengthen transition planning and services for children and youth with special health care needs.

Revised

- E. Partner with state Medicaid agency, Medicaid Managed Care Organizations, Medicaid waiver operation programs, and/or private insurance providers to provide education and recommendations on practices pertaining to preparation for transition to adulthood.
- F. Co-sponsor the annual state Transition Conference and ensure the participation of UIC-DSCC youth and families in the conference and in conference planning.
- G. Assist medically eligible CYSHCN, their families, and their providers with the transition to adult health care. Ensure person-centered transition goals are included in plans of care for participants between the ages of 12 and 21.
- H. Continue participation in the Big 5 CYCHSC State Collaborative that seeks to identify and adopt common population health approaches for CYSHCN for all state participants.

Proposed Action Plan

#7: Convene and collaborate
with community-based
organizations to improve and
expand services and supports
serving children and youth
with special health care needs.

New

- A. Partner with sister agencies, community organizations, and provider practices to address systemic issues and challenges impacting CYSHCN, and to develop a report with recommendations.
- B. Expand UIC-DSCC Family Advisory Council to include participation from families of CYSHCN who may not be enrolled in one of DSCC's care coordination programs.
- C. Collaborate with the state's Medicaid agency to develop strategies to improve home nursing coverage and address financial challenges for medically fragile children and youth in Illinois.
- D. Continue to support the Advanced Practice Nurse (APN) fellowship for developmental pediatrics.

Proposed Action Plan

#7: Convene and collaborate
with community-based
organizations to improve and
expand services and supports
serving children and youth
with special health care needs.

New

- E. Promote educational resources available through DSCC's online library to parents and caregivers of CYSHCN.
- F. Collaborate with Illinois Chapter of American Academy of Pediatrics (ICAAP) and other provider groups to improve education, awareness, and usage of medical home best practices in Illinois.
- G. Develop informational sheets with facts on impact of social determinants on the health of CYSHCN to be shared with others (e.g., policymakers) and available online.



THOUGHTS...

REACTIONS...

QUESTIONS?

IL Title V posted its Title V FY21
Application/FY19 Annual Report and
Action Plan are available for Public
Comment until Friday, September 4th.

Please visit:

http://dph.illinois.gov/topicsservices/life-stagespopulations/maternal-child-familyhealth-services





Division of Specialized Care for Children

Our Vision and **Mission**





Vision

Children and youth with special healthcare needs (CYSHCN) and their families will be the center of a seamless support system that improves the quality of their lives.

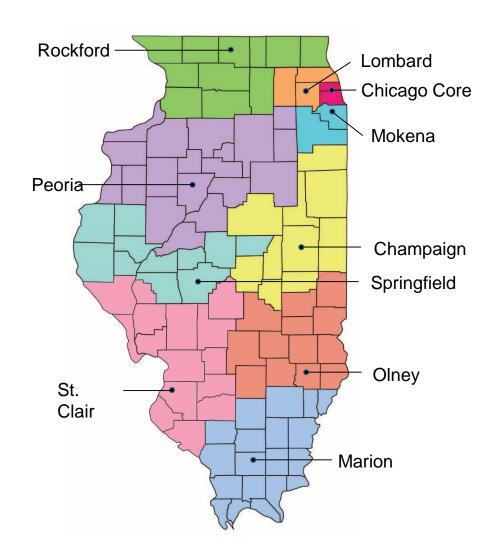


Mission

We partner with Illinois families and communities to help CYSHCN connect to services and resources.

Core Regional Office Map





Care Coordination

We define care coordination as a <u>person-and family-centered</u>, <u>strength-based</u>, <u>assessment-driven</u> approach of empowering families to achieve their goals, ultimately leading to positive health outcomes, improved quality of life and overall family satisfaction.

DSCC Care Coordination efforts focus on partnering with families and communities to help children with special healthcare needs connect to services and resources they need.



Care Coordination



- Our care coordination is tailored to each child and family.
- Care coordination teams can include:
 - Registered nurses
 - Social workers
 - Speech-language pathologists
 - Audiologists
 - Respiratory therapists
 - Health insurance specialists



How Care Coordination Helps



- Find specialized medical care
- Help families maximize insurance & understand coverage/benefits



- Coordinate services among providers
- Develop a care plan focused on a family's strengths & goals
- Attend school meetings
- Prepare for the transition to adulthood



How Care Coordination Helps



- Explain medical treatment plans
- Assist with transportation for medical appointments
- Connect families for parent-to-parent support
- Locate community resources
- Pay for eligible medical expenses when income guidelines are met





Who We Serve





- DSCC provides care coordination services through three programs:
 - Core Program Ages birth to 21 with medically eligible conditions.
 - Connect Care Program Ages birth to 21 with special healthcare needs who are enrolled in a Medicaid HealthChoice Illinois plan that has contracted with DSCC for care coordination.
 - Home Care Program Child or youth in need of in-home shift nursing.

We're Here to Help

- Care coordination is free for all DSCC participants, regardless of a family's income.
- If a child's condition isn't listed in our eligible categories, we still can help.
 - Many children have associated conditions with their diagnosis that may be eligible.

Our staff is always ready to assist with referrals and resources.



Applications & Referrals



- Caregiver's name
- Phone number
- Child's address
- County or zip code
- ⇒ Visit our website
 - Download PDF application
 - Fill out "Refer a Family" form



For Providers

Provider Application

Reimbursement Information

Explanation of Provider Payments

Provider Forms

Tools & Resources

Provider Portal

Refer A Family



Find a local regional office

https://dscc.uic.edu/find-an-office

Connect with Us





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