

Community-Based Services Strategic Planning Work Group  
November 3, 2008

The meeting was chaired by Matt Richardson. Each member answered the roll call and told why the planning group was of particular interest to them. Some of the responses were:

- Address the bottom line, how are families accessing the services they need at the community level?
- The CSHCS division needs to meet its performance measure. All services provided to CYSHCN and their families should be offered in a systematic and coordinated fashion.
- We need to collaborate so that people get the services they need.
- Let's bring telemedicine to communities
- Community-based is what we all want, the problem is access and fitting services together
- We need better alignments of community-based services for children and adults
- We need to increase efficiency across areas; interagency services ought to work more smoothly
- We need to have more education across the board and use simple and direct communications
- There are many services available, we need linkages
- There are opportunities to improve services
- There needs to be greater cohesiveness within communities
- There should be ease of access to services for families, if we use resources wisely, that means savings for consumers and government
- It is very difficult to provide all the information that families needs with limited resources; we need a network of community resources
- We need to improve things at the county level because that is the front line of services; we interact with people who need the services

He reviewed the strategic planning recommendations and notes from April and presented the objectives that the group has been assigned. They are:

Goal Three/Objective 2. Implement health communications technology including the statewide utilization of telemedicine and the use of informatics such as flash drive portable health records.

Goal Four/Objective 1: Increase efficiency across multiple areas such as transportation, interagency documentation, and accessibility.

The discussion began with the question: What we mean by community-based services?

It was noted that infrastructure operates across systems and should facilitate the integration of services and financing.

The web site for Champions for Inclusive Communities was offered as a resource. <http://www.championsinc.org/> A system of services is defined as a **family-centered network of community-based services** designed to promote the health and well-being of CYSHCN and their families.

We often think of community-based services in terms of county units because of the way government is organized, but there are sub communities within counties.

The example of a community-based service might be a family resource center that provides a family support team involving the Intermediate School District, the health department, the elementary school, family advocates, etc. The one-stop shopping is helpful to families and it serves a coordinating function for the various representatives.

It was suggested that private-public partnerships make up community based systems of care. Infrastructure should operate across programs and facilitate the integration of services and financing for a family-centered network of community-based services. There is a connection of resources and support.

The question arises as to who leads such an effort. Participants noted that different systems have different rules and requirements, and they don't "mesh" well. The definition of community is different based on national, state, and local perspectives. Integration of services is difficult because of the limiting regulations of various programs.

Someone suggested that community is really "virtual". When the various resources have constraints, then you need to work through a virtual community network.

Perhaps the group should develop a list of family needs and the constraints of programs. By understanding the constraints, perhaps we could learn how to work more effectively.

There was a discussion of the Children's Multidisciplinary Specialty Clinics and the services they offer. It was suggested that the clinics need to be funded for more ancillary services.

If specialists were to see people closer to home using telemedicine, you would need trained staff at the local level to do physical exams and connect with the specialist. Medicaid reimburses telemedicine services, but there are hardware and staffing requirements at the local level. Another barrier to the use of telemedicine is the different equipment available and the ability or lack of ability to connect with other telemedicine systems.

Often times, families are forced to carry their records from place to place in an effort to access various services. There is no strong infrastructure to network services. How can things be made easier for families?

The criteria to access services do not line up across departments and agencies. Who could tell departments that things have to "line up"? An example cited was respite care.

The fact is that there are different services available in different areas or communities because of people not knowing the policies and different interpretations. Transportation was given as an example. There are different rules based on whether one is a Medicaid client or CSHCS client or some combination. While transportation is a Medicaid covered benefit, it is available through the Department of Human Services at the county level and it is differentially available based on interpretations and local resources. It was suggested that the committee could have little meaningful discussion about transportation without someone from the Medical Services Administration being present. Perhaps there could be a central on-line approval process that would remove some of the idiosyncratic decisions. Current situation is that Medicaid has funding, DHS caseworkers make decisions.

If clients or care coordinators try to access community-based services, it is very difficult to know what is even available and how to access the services. For state supported services, they should be available to all eligible persons, but that is not reality.

Someone suggested that the perspective of the Early On program has been: we can not control other agencies. Where we have the opportunity for better coordination, we look for that opportunity and where things overlap.

It is hard to step back and look at the big picture because we all operate in silos and the silos make things more expensive. Can we recommend or hope for interagency coordinators?

Someone suggested that it would be helpful if MCIR could be expanded so that many individual coordinators could access information --- but it would have to be user friendly.

In terms of health communications technologies, we don't know what there is already. We need an orientation to the technology. We need an update on the capacity of MCIR and it would be helpful to have a presentation on telemedicine. It was suggested that we ask Pam Whitten from MSU to give a presentation and ask her to include what is possible and what is happening in terms of use across the state.

The next meeting will be scheduled for late January or early February.