Michigan Department of Community Health
Children Special Health Care Services
Strategic Planning Session
April 16 & 17, 2008

Priority Recommendation in Rank Order

Work Group	Recommendation	Votes (number)
Health Screening	Support MCIR as a single electronic record for the multiple data systems.	*47*
Community-Based Services	Increase system efficiency by 1) resolving the transportation problem (singular definition/provider); 2) streamlining documentation among and between agencies; 3) providing webpage directions for who to go to in the agency; 4) developing a Who's/who list of important contacts within the county; 5) developing a Statewide Plan with incentives/reward for collaboration, 6) changing the hours of operation of community agencies to allow for "non-work hour" availability to parents.	*45*
Medical Home	Develop consensus definition for CYSCHN family-centered medical home and all subsets of medical home such as care coordination in Michigan and method to operationalize that fully involves family representation in each group and process throughout start to finish	*42 ½*
Transition to Adult Life	Create additional services to cover adults: health care, insurance coverage, CSHCS buy-in, pharmacy coverage, mental health	*41*
Family Participation	Collaborate with partners and build coalitions to assure that all families have full access to consistent and complete information on program benefits, information on the benefits of family partnership; conduct outreach to fathers, grandparents, youth and diverse populations, improve shared awareness of benefits of partnering organizations, develop, translate, and communicate information in multiple formats, languages, and literacy levels o Subpriority: Send letters to families with infants on the birth defect registry (18 votes)	*38*

Work Group	Recommendation	Votes (number)
Insurance Status	Pursue the Medicaid buy-in option available for children with special health care needs through the federal Family Opportunity Act (families with incomes up to 300% of poverty could buy full Medicaid coverage).	*31*
Community-Based Services	Health Communications Technology: (1) Implement Telemedicine statewide; (Example: incentives to communities to make it worthwhile to host a site for multiple users) (2) Increase the use of Infomatics (example: Portable Health Record, which is family-controlled, HIPPA Compliant, allow for distribution of thumb drives)	*27*
Medical Home	Address the funding and reimbursement issues allowing for multiple strategies.	*23*
Family Participation	New regional structures are required to have family advisories that will develop guidance to prepare, recruit and engage families to become advisors. Composition of family advisory structure will be reflective of community served and inclusive of youth. Each region will have a face-to-face family liaison. Provide minimal standards for financial support for family participation.	*16 ½*
Transition to Adult Life	Create standard requirements and training for transition planning. Begin transition plan for all youth with special health care needs at age 14. Review at least annually and expand who would be eligible to bill for care coordination for transition planning.	*14*
Insurance Status	Improve communication, collaboration, education regarding CSHCS to all stakeholders.	*13 ½*
Health Screening	Develop performance standards for screening and follow-up.	*11*
Health Screening	State-wide education of all providers to spread knowledge of screening and importance of follow-up (through MCHIP mechanism)	*10*
Insurance Status	Insurance premium payment program: expand/improve awareness and increase enrollment.	*7*
Medical Home	Develop mechanisms to educate the public, consumers and train professionals.	*7*
Transition to Adult Life	Create a collaboration between organizations and agencies that serve youth and that serve adults.	*6*
Transition to Adult Life	Identify all available services and establish a single point of entry for transition.	*6*
Health Screening	Need to establish partnership among all stakeholders that will promote strategies to move from screening to reporting to appropriate referrals through a work group.	*5*

Work Group	Recommendation	Votes (number)
Community-Based Services	Funding: Develop/implement alternative resources for funding community services, identify cost-efficiency within the system, and enhance revenue generation by community agencies and private sector to support services being rendered.	*4*
Family Participation	Assure accountability of local efforts to achieve collaboration, partnership, and outreach. Use surveys and focus groups to measure and improve satisfaction levels. Require annual reporting on performance towards achieving criteria/objectives articulated in the federal goal.	*3*
Community Based Services	Education: Develop CSHCS public relations/education materials directed to family, provider and community agencies as to available services. Increase family-to-family mentoring and support; develop web page instructions as to how one enters to utilize services.	*3*
Health Screening	Promote use of existing educational materials for parent education and networking.	*2*
Insurance Status	Regionalize services.	*2*
Family Participation	Implement statewide, regional, and local family leadership training.	*1*